

62,610 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	45,395	2,462,281	\$ 22,404,832.63	\$ 9.10	39.327	\$	493.55	\$ 357.85
@PHYSICIANS SERVICES	7,274	23,093	\$ 338,687.47	\$ 14.67	.369	\$	46.56	\$ 5.41
OUTPATIENT VISITS	364	454	18,158.50	40.00	.007		49.89	.29
OFFICE VISITS	288	354	11,796.13	33.32	.006		40.96	.19
HOME VISITS	5	11	567.60	51.60	.000		113.52	.01
EMERGENCY ROOM	68	73	5,464.37	74.85	.001		80.36	.09
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	15	16	330.40	20.65	.000		22.03	.01
INPATIENT VISITS	71	271	12,418.57	45.82	.004		174.91	.20
HOSPITAL VISITS	55	240	11,132.57	46.39	.004		202.41	.18
CRITICAL CARE	3	6	729.60	121.60	.000		243.20	.01
SNF/ICF/TRANS IP CARE	16	25	556.40	22.26	.000		34.78	.01
OPHTHALMOLOGICAL SERVICES	89	94	3,932.98	41.84	.002		44.19	.06
EXAMINATIONS	88	93	3,896.58	41.90	.001		44.28	.06
SERVICES AND MATERIALS	1	1	36.40	36.40	.000		36.40	.00
INPATIENT HOSPITAL SURGERY	19	76	8,508.76	111.96	.001		447.83	.14
PRINCIPAL SURGEON	15	19	5,739.52	302.08	.000		382.63	.09
ASSISTANT SURGEON	3	4	1,330.83	332.71	.000		443.61	.02
ANESTHESIOLOGIST	5	53	1,438.41	27.14	.001		287.68	.02
OUTPATIENT SURGERY	46	103	15,197.74	147.55	.002		330.39	.24
PRINCIPAL SURGEON	37	41	13,572.47	331.04	.001		366.82	.22
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	11	62	1,625.27	26.21	.001		147.75	.03
DIALYSIS	1	3	216.48	72.16	.000		216.48	.00
PATHOLOGY	47	320	1,763.41	5.51	.005		37.52	.03
RADIOLOGY	107	213	9,336.62	43.83	.003		87.26	.15
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	14	14	1,516.71	108.34	.000		108.34	.02
OTHER SERVICES/ALL X-OVERS	6,796	21,545	267,637.70	12.42	.344		39.38	4.27
@PHARMACY	38,330	519,987	\$ 9,447,344.78	\$ 18.17	8.305	\$	246.47	\$ 150.89
PRESCRIPTION DRUGS	37,908	132,796	9,157,794.67	68.96	2.121		241.58	146.27
SNF/ICF	1,166	6,425	334,567.48	52.07	.103		286.94	5.34
OUTPATIENTS	36,845	126,371	8,823,227.19	69.82	2.018		239.47	140.92
MEDICAL SUPPLIES	3,311	387,191	289,550.11	.75	6.184		87.45	4.62
@DENTIST	2,823	11,903	\$ 558,547.02	\$ 46.92	.190	\$	197.86	\$ 8.92
VISITS - DIAGNOSTIC	1,743	6,765	76,612.61	11.32	.108		43.95	1.22
ORAL SURGERY	421	1,072	52,671.75	49.13	.017		125.11	.84
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	5	5	500.00	100.00	.000		100.00	.01
PERIODONTICS	212	219	26,383.50	120.47	.003		124.45	.42
ENDODONTICS	114	164	33,484.00	204.17	.003		293.72	.53
RESTORATIVE DENTISTRY	584	1,704	142,068.00	83.37	.027		243.27	2.27
PROSTHETICS	32	42	1,230.00	29.29	.001		38.44	.02
DENTURES, STAYPLATES	777	1,826	225,512.16	123.50	.029		290.23	3.60
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	1	1	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	79	105	85.00	.81	.002		1.08	.00

62,610 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,060	3,396	\$ 58,744.95	\$ 17.30	.054	\$ 55.42	\$.94
DIAGNOSTIC AND ANC. PROCED	133	136	5,792.76	42.59	.002	43.55	.09
EYE APPLIANCES	878	3,004	47,667.15	15.87	.048	54.29	.76
OTHER OPTOMETRIC SERVICES	162	256	5,285.04	20.64	.004	32.62	.08
@CHIROPRACTOR	3	7	\$ 51.35	\$ 7.34	.000	\$ 17.12	\$.00
VISITS	1	2	32.54	16.27	.000	32.54	.00
OTHER SERVICES	2	5	18.81	3.76	.000	9.41	.00
@PODIATRIST	609	983	\$ 10,323.23	\$ 10.50	.016	\$ 16.95	\$.16
MEDICINE/INJECTIONS	12	20	430.70	21.54	.000	35.89	.01
SURGERY/ANES.	1	1	11.00	11.00	.000	11.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	597	962	9,881.53	10.27	.015	16.55	.16
@HOME HEALTH AGENCY	5	41	\$ 2,864.07	\$ 69.86	.001	\$ 572.81	\$.05
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	15	24	\$ 582.23	\$ 24.26	.000	\$ 38.82	\$.01
@TOTAL HOSPITAL	3,951	19,855	\$ 3,671,657.00	\$ 184.92	.317	\$ 929.30	\$ 58.64
HOSP INPATIENT TOTAL	768	4,093	3,353,452.18	819.31	.065	4366.47	53.56
HSC HOSPITALS	240	1,271	1,180,639.81	928.91	.020	4919.33	18.86
NON-HSC HOSPITAL TOTAL	211	1,054	1,885,035.94	1788.46	.017	8933.82	30.11
ACCOMMODATIONS	211	1,054	530,626.41	503.44	.017	2514.82	8.48
ADMINISTRATIVE DAYS	41	165	27,492.48	166.62	.003	670.55	.44
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	177	889	503,133.93	565.95	.014	2842.56	8.04
ANCILLARIES	209	0	1,354,409.53	.00	.000	6480.43	21.63
INPATIENT CROSSOVERS	331	1,768	287,776.43	162.77	.028	869.42	4.60
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,313	15,762	318,204.82	20.19	.252	96.05	5.08
MEDICAL	56	89	4,190.09	47.08	.001	74.82	.07
SURGERY	21	23	2,009.11	87.35	.000	95.67	.03
PATHOLOGY	106	492	5,240.17	10.65	.008	49.44	.08
RADIOLOGY	63	132	8,947.13	67.78	.002	142.02	.14
ROOM USE	76	95	3,325.97	35.01	.002	43.76	.05
CROSSOVERS/ALL OTH OUTPTNT	3,174	14,931	294,492.35	19.72	.238	92.78	4.70
@COUNTY HOSPITAL TOTAL	137	671	\$ 359,774.60	\$ 536.18	.011	\$ 2626.09	\$ 5.75
CO HOSPITAL INPATIENT TOTAL	78	474	355,625.75	750.27	.008	4559.30	5.68
HSC HOSPITALS	65	354	346,307.91	978.27	.006	5327.81	5.53
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	13	120	9,317.84	77.65	.002	716.76	.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	60	197	4,148.85	21.06	.003	69.15	.07
MEDICAL	9	14	573.44	40.96	.000	63.72	.01
SURGERY	7	8	175.36	21.92	.000	25.05	.00
PATHOLOGY	6	17	203.14	11.95	.000	33.86	.00
RADIOLOGY	4	6	637.77	106.30	.000	159.44	.01
ROOM USE	14	20	897.94	44.90	.000	64.14	.01
CROSSOVERS/ALL OTH OUTPTNT	47	132	1,661.20	12.58	.002	35.34	.03

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,822	19,184	\$	3,311,882.40	\$ 172.64	.306	\$ 866.53	\$ 52.90
COMM HOSP INPATIENT TOTAL	692	3,619		2,997,826.43	828.36	.058	4332.12	47.88
HSC HOSPITALS	176	917		834,331.90	909.85	.015	4740.52	13.33
NON-HSC HOSPITALS TOTAL	211	1,054		1,885,035.94	1788.46	.017	8933.82	30.11
ACCOMMODATIONS	211	1,054		530,626.41	503.44	.017	2514.82	8.48
ADMINISTRATIVE DAYS	41	165		27,492.48	166.62	.003	670.55	.44
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	177	889		503,133.93	565.95	.014	2842.56	8.04
ANCILLARIES	209	0		1,354,409.53	.00	.000	6480.43	21.63
INPATIENT CROSSOVERS	318	1,648		278,458.59	168.97	.026	875.66	4.45
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,257	15,565		314,055.97	20.18	.249	96.42	5.02
MEDICAL	47	75		3,616.65	48.22	.001	76.95	.06
SURGERY	14	15		1,833.75	122.25	.000	130.98	.03
PATHOLOGY	100	475		5,037.03	10.60	.008	50.37	.08
RADIOLOGY	59	126		8,309.36	65.95	.002	140.84	.13
ROOM USE	62	75		2,428.03	32.37	.001	39.16	.04
CROSSOVERS/ALL OTH OUTPTNT	3,130	14,799		292,831.15	19.79	.236	93.56	4.68
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1,205	32,562	\$	4,567,475.04	\$ 140.27	.520	\$ 3790.44	\$ 72.95
LEV A-INTERMEDIATE	9	349		27,594.60	79.07	.006	3066.07	.44
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	1	7		2,600.08	371.44	.000	2600.08	.04
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1,195	32,206		4,537,280.36	140.88	.514	3796.89	72.47
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	384	466	\$	214,282.68	\$ 459.83	.007	\$ 558.03	\$ 3.42
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	384	466		214,282.68	459.83	.007	558.03	3.42
@REHABILITATION FACILITY	2	3	\$	86.79	\$ 28.93	.000	\$ 43.40	\$.00
HOSPITAL BASED	2	3		86.79	28.93	.000	43.40	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	121	374	\$	4,217.52	\$ 11.28	.006	\$ 34.86	\$.07
PATHOLOGY	74	298		3,674.52	12.33	.005	49.66	.06
XO AND OTHERS	47	76		543.00	7.14	.001	11.55	.01
@ORGANIZED OUTPATIENT CLINIC	7,548	13,152	\$	1,984,741.66	\$ 150.91	.210	\$ 262.95	\$ 31.70
CLINIC	162	404		11,443.96	28.33	.006	70.64	.18
SURGICENTER	67	95		11,398.75	119.99	.002	170.13	.18
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7,358	12,653		1,961,898.95	155.05	.202	266.63	31.34
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR CASH GRANT - AGED							
				AID CODE 10				
				----- MONTHLY AVERAGE -----				
62,610 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	6,951	1,836,435	\$ 1,545,226.84	\$.84	29.331	\$ 222.30	\$ 24.68	
DURABLE MED. EQUIP.	247	861	42,478.87	49.34	.014	171.98	.68	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	93	103	64,712.45	628.28	.002	695.83	1.03	
MEDICAL TRANSPORTATION	462	35,836	155,338.30	4.33	.572	336.23	2.48	
AMBULANCES/AIR TRANS	100	1,023	12,321.08	12.04	.016	123.21	.20	
OTHER TRANS	344	34,555	141,474.93	4.09	.552	411.26	2.26	

OTHER SERVICES	33	258	1,542.29	5.98	.004	46.74	.02
ACUPUNCTURE	515	2,013	35,265.57	17.52	.032	68.48	.56
ADULT DAY HEALTH CARE CTR	646	7,694	533,862.96	69.39	.123	826.41	8.53
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	239	2,309	181,604.99	78.65	.037	759.85	2.90
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,524	3,965	48,901.53	12.33	.063	32.09	.78
PHYSICAL THERAPIST	3	9	78.65	8.74	.000	26.22	.00
PORTABLE X-RAY	48	77	218.27	2.83	.001	4.55	.00
PROSTHETIST/ORTHOTISTS	165	408	12,831.61	31.45	.007	77.77	.20
PROSTHETICS	162	403	12,405.97	30.78	.006	76.58	.20
ORTHOTICS	3	5	425.64	85.13	.000	141.88	.01
PSYCHOLOGIST	4	8	80.59	10.07	.000	20.15	.00
SPEECH AND AUDIOLOGY	255	565	60,020.04	106.23	.009	235.37	.96
HOSPICE SERVICES	48	803	121,282.39	151.04	.013	2526.72	1.94
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	2	25.89	12.95	.000	12.95	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3,416	1,781,781	288,419.73	.16	28.458	84.43	4.61
@CALIF. CHILDREN SERVICES*	5	9	\$ 1,263.80	\$ 140.42	.000	\$ 252.76	\$.02
@XOVER EXCLUDING STATE HOSP**	12,030	133,882	\$ 1,475,399.37	\$ 11.02	2.138	\$ 122.64	\$ 23.56

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,925
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR CASH GRANT - BLIND	AID CODE 20	

5,010 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,574	299,643	\$ 3,090,882.15	\$ 10.32	59.809	\$ 864.82	\$ 616.94
@PHYSICIANS SERVICES	938	4,288	\$ 113,492.85	\$ 26.47	.856	\$ 120.99	\$ 22.65
OUTPATIENT VISITS	449	709	29,245.28	41.25	.142	65.13	5.84
OFFICE VISITS	302	443	14,163.16	31.97	.088	46.90	2.83
HOME VISITS	16	20	747.40	37.37	.004	46.71	.15
EMERGENCY ROOM	133	177	12,108.06	68.41	.035	91.04	2.42
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	6	494.54	82.42	.001	123.64	.10
OTHER OUTPATIENT	43	63	1,732.12	27.49	.013	40.28	.35
INPATIENT VISITS	69	392	17,631.08	44.98	.078	255.52	3.52
HOSPITAL VISITS	65	375	16,200.68	43.20	.075	249.24	3.23
CRITICAL CARE	7	10	1,216.00	121.60	.002	173.71	.24
SNF/ICF/TRANS IP CARE	4	7	214.40	30.63	.001	53.60	.04
OPHTHALMOLOGICAL SERVICES	51	77	3,211.22	41.70	.015	62.97	.64
EXAMINATIONS	51	77	3,211.22	41.70	.015	62.97	.64
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	31	205	9,823.65	47.92	.041	316.89	1.96
PRINCIPAL SURGEON	18	28	6,803.30	242.98	.006	377.96	1.36
ASSISTANT SURGEON	3	3	367.46	122.49	.001	122.49	.07
ANESTHESIOLOGIST	11	174	2,652.89	15.25	.035	241.17	.53
OUTPATIENT SURGERY	66	149	13,119.79	88.05	.030	198.78	2.62
PRINCIPAL SURGEON	56	85	11,588.80	136.34	.017	206.94	2.31
ASSISTANT SURGEON	1	1	131.24	131.24	.000	131.24	.03
ANESTHESIOLOGIST	11	63	1,399.75	22.22	.013	127.25	.28
DIALYSIS	25	89	7,069.86	79.44	.018	282.79	1.41
PATHOLOGY	84	691	2,120.48	3.07	.138	25.24	.42
RADIOLOGY	138	319	12,979.50	40.69	.064	94.05	2.59
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	10	12		221.45		18.45	.002	22.15	.04
OTHER SERVICES/ALL X-OVERS	451	1,645		18,070.54		10.99	.328	40.07	3.61
@PHARMACY	2,805	72,251	\$	1,067,336.17	\$	14.77	14.421	\$ 380.51	\$ 213.04
PRESCRIPTION DRUGS	2,726	11,309		992,010.50		87.72	2.257	363.91	198.01
SNF/ICF	97	555		31,868.75		57.42	.111	328.54	6.36
OUTPATIENTS	2,647	10,754		960,141.75		89.28	2.147	362.73	191.65
MEDICAL SUPPLIES	536	60,942		75,325.67		1.24	12.164	140.53	15.04
@DENTIST	242	997	\$	40,322.63	\$	40.44	.199	\$ 166.62	\$ 8.05
VISITS - DIAGNOSTIC	159	644		8,231.00		12.78	.129	51.77	1.64
ORAL SURGERY	30	75		4,125.00		55.00	.015	137.50	.82
DRUGS	1	1		.00		.00	.000	.00	.00
ANESTHESIA	2	2		200.00		100.00	.000	100.00	.04
PERIODONTICS	22	23		3,555.00		154.57	.005	161.59	.71
ENDODONTICS	10	13		2,781.00		213.92	.003	278.10	.56
RESTORATIVE DENTISTRY	63	160		11,670.25		72.94	.032	185.24	2.33
PROSTHETICS	2	2		60.00		30.00	.000	30.00	.01

DENTURES, STAYPLATES	29	53	8,760.38	165.29	.011	302.08	1.75
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	4	890.00	222.50	.001	445.00	.18
ALL OTHER SERVICES	10	19	.00	.00	.004	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,926
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

5,010 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	65	161	\$ 5,518.07	\$ 34.27	.032	\$ 84.89	\$ 1.10
DIAGNOSTIC AND ANC. PROCED	25	27	1,232.72	45.66	.005	49.31	.25
EYE APPLIANCES	43	111	3,458.46	31.16	.022	80.43	.69
OTHER OPTOMETRIC SERVICES	15	23	826.89	35.95	.005	55.13	.17
@CHIROPRACTOR	10	17	\$ 284.24	\$ 16.72	.003	\$ 28.42	\$.06
VISITS	10	17	284.24	16.72	.003	28.42	.06
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	82	187	\$ 2,300.16	\$ 12.30	.037	\$ 28.05	\$.46
MEDICINE/INJECTIONS	40	42	1,020.80	24.30	.008	25.52	.20
SURGERY/ANES.	3	4	84.79	21.20	.001	28.26	.02
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	42	141	1,194.57	8.47	.028	28.44	.24
@HOME HEALTH AGENCY	36	2,936	\$ 91,219.01	\$ 31.07	.586	\$ 2533.86	\$ 18.21
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	533	3,889	\$ 666,914.65	\$ 171.49	.776	\$ 1251.25	\$ 133.12
HOSP INPATIENT TOTAL	110	747	574,360.90	768.89	.149	5221.46	114.64
HSC HOSPITALS	39	183	196,423.18	1073.35	.037	5036.49	39.21
NON-HSC HOSPITAL TOTAL	32	211	318,297.91	1508.52	.042	9946.81	63.53
ACCOMMODATIONS	32	211	92,527.60	438.52	.042	2891.49	18.47
ADMINISTRATIVE DAYS	14	71	14,660.32	206.48	.014	1047.17	2.93
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	140	77,867.28	556.19	.028	3893.36	15.54
ANCILLARIES	32	0	225,770.31	.00	.000	7055.32	45.06
INPATIENT CROSSOVERS	43	353	59,639.81	168.95	.070	1386.97	11.90
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	456	3,142	92,553.75	29.46	.627	202.97	18.47
MEDICAL	98	152	6,618.85	43.55	.030	67.54	1.32
SURGERY	32	44	1,976.80	44.93	.009	61.78	.39
PATHOLOGY	134	1,004	9,899.45	9.86	.200	73.88	1.98
RADIOLOGY	94	225	15,285.61	67.94	.045	162.61	3.05
ROOM USE	188	296	11,024.34	37.24	.059	58.64	2.20
CROSSOVERS/ALL OTH OUTPTNT	284	1,421	47,748.70	33.60	.284	168.13	9.53
@COUNTY HOSPITAL TOTAL	23	377	\$ 59,869.56	\$ 158.81	.075	\$ 2603.02	\$ 11.95
CO HOSPITAL INPATIENT TOTAL	6	48	48,101.62	1002.12	.010	8016.94	9.60
HSC HOSPITALS	5	40	43,502.75	1087.57	.008	8700.55	8.68
NON-HSC HOSPITALS TOTAL	1	5	3,758.87	751.77	.001	3758.87	.75
ACCOMMODATIONS	1	5	1,156.50	231.30	.001	1156.50	.23
ADMINISTRATIVE DAYS	1	5	1,156.50	231.30	.001	1156.50	.23
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	2,602.37	.00	.000	2602.37	.52
INPATIENT CROSSOVERS	1	3	840.00	280.00	.001	840.00	.17
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	17	329	11,767.94	35.77	.066	692.23	2.35
MEDICAL	10	23	1,022.33	44.45	.005	102.23	.20

SURGERY	9	18	263.13	14.62	.004	29.24	.05
PATHOLOGY	5	132	1,370.85	10.39	.026	274.17	.27
RADIOLOGY	4	14	1,604.18	114.58	.003	401.05	.32
ROOM USE	14	44	1,687.69	38.36	.009	120.55	.34
CROSSTOVERS/ALL OTH OUTPTNT	8	98	5,819.76	59.39	.020	727.47	1.16

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,927
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

5,010 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	521	3,512	\$ 607,045.09	\$ 172.85	.701	\$ 1165.15	\$ 121.17
COMM HOSP INPATIENT TOTAL	105	699	526,259.28	752.87	.140	5011.99	105.04
HSC HOSPITALS	34	143	152,920.43	1069.37	.029	4497.66	30.52
NON-HSC HOSPITALS TOTAL	32	206	314,539.04	1526.89	.041	9829.35	62.78
ACCOMMODATIONS	32	206	91,371.10	443.55	.041	2855.35	18.24
ADMINISTRATIVE DAYS	14	66	13,503.82	204.60	.013	964.56	2.70
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	140	77,867.28	556.19	.028	3893.36	15.54
ANCILLARIES	32	0	223,167.94	.00	.000	6974.00	44.54
INPATIENT CROSSTOVERS	42	350	58,799.81	168.00	.070	1400.00	11.74
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	449	2,813	80,785.81	28.72	.561	179.92	16.12
MEDICAL	92	129	5,596.52	43.38	.026	60.83	1.12
SURGERY	24	26	1,713.67	65.91	.005	71.40	.34
PATHOLOGY	133	872	8,528.60	9.78	.174	64.12	1.70
RADIOLOGY	92	211	13,681.43	64.84	.042	148.71	2.73
ROOM USE	178	252	9,336.65	37.05	.050	52.45	1.86
CROSSTOVERS/ALL OTH OUTPTNT	280	1,323	41,928.94	31.69	.264	149.75	8.37
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	86	2,177	\$ 289,916.89	\$ 133.17	.435	\$ 3371.13	\$ 57.87
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	86	2,177	289,916.89	133.17	.435	3371.13	57.87
@INTERMEDIATE CARE FACIL.-DD	39	1,261	\$ 193,818.12	\$ 153.70	.252	\$ 4969.70	\$ 38.69
ICF DDH	27	890	126,003.03	141.58	.178	4666.78	25.15
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	371	67,815.09	182.79	.074	5651.26	13.54
@HEMODIALYSIS TOTAL	120	1,515	\$ 110,663.11	\$ 73.04	.302	\$ 922.19	\$ 22.09
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	120	1,515	110,663.11	73.04	.302	922.19	22.09
@REHABILITATION FACILITY	15	284	\$ 3,580.12	\$ 12.61	.057	\$ 238.67	\$.71
HOSPITAL BASED	3	7	100.19	14.31	.001	33.40	.02
INDEPENDENT FACILITY	12	277	3,479.93	12.56	.055	289.99	.69
@LABORATORY FACILITY	106	576	\$ 6,196.92	\$ 10.76	.115	\$ 58.46	\$ 1.24
PATHOLOGY	104	568	6,190.81	10.90	.113	59.53	1.24
XO AND OTHERS	2	8	6.11	.76	.002	3.06	.00
@ORGANIZED OUTPATIENT CLINIC	752	1,195	\$ 235,493.00	\$ 197.07	.239	\$ 313.16	\$ 47.00
CLINIC	23	56	1,574.40	28.11	.011	68.45	.31
SURGICENTER	2	2	224.69	112.35	.000	112.35	.04
HEROIN DETOX CLINIC	1	18	199.08	11.06	.004	199.08	.04
RURAL HEALTH CLINIC	728	1,119	233,494.83	208.66	.223	320.73	46.61

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,928
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

5,010 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	768	207,909	\$ 263,826.21	\$ 1.27	41.499	\$ 343.52	\$ 52.66
DURABLE MED. EQUIP.	83	588	65,906.11	112.09	.117	794.05	13.15
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	13	19	5,989.98	315.26	.004	460.77	1.20
MEDICAL TRANSPORTATION	168	15,370	66,925.26	4.35	3.068	398.36	13.36
AMBULANCES/AIR TRANS	96	599	11,216.79	18.73	.120	116.84	2.24
OTHER TRANS	78	14,768	55,672.89	3.77	2.948	713.76	11.11
OTHER SERVICES	3	3	35.58	11.86	.001	11.86	.01
ACUPUNCTURE	15	86	1,524.64	17.73	.017	101.64	.30
ADULT DAY HEALTH CARE CTR	21	300	20,962.59	69.88	.060	998.22	4.18
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	43	471	29,731.24	63.12	.094	691.42	5.93
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	57	164	4,548.40	27.73	.033	79.80	.91
PHYSICAL THERAPIST	3	8	91.66	11.46	.002	30.55	.02
PORTABLE X-RAY	1	3	81.04	27.01	.001	81.04	.02
PROSTHETIST/ORTHOTISTS	19	46	2,638.55	57.36	.009	138.87	.53
PROSTHETICS	17	43	2,540.54	59.08	.009	149.44	.51
ORTHOTICS	2	3	98.01	32.67	.001	49.01	.02
PSYCHOLOGIST	7	9	231.08	25.68	.002	33.01	.05
SPEECH AND AUDIOLOGY	31	92	5,202.15	56.55	.018	167.81	1.04
HOSPICE SERVICES	5	82	11,782.98	143.69	.016	2356.60	2.35
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	62	1,481	11,968.14	8.08	.296	193.03	2.39
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	333	189,190	36,242.39	.19	37.762	108.84	7.23
@CALIF. CHILDREN SERVICES*	82	910	\$ 59,133.67	\$ 64.98	.182	\$ 721.14	\$ 11.80
@XOVER EXCLUDING STATE HOSP**	674	6,492	\$ 180,495.79	\$ 27.80	1.296	\$ 267.80	\$ 36.03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,929
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

158,823 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	120,082	6,753,242	\$ 93,892,152.88	\$ 13.90	42.521	\$ 781.90	\$ 591.17
@PHYSICIANS SERVICES	27,606	123,682	\$ 3,788,200.44	\$ 30.63	.779	\$ 137.22	\$ 23.85
OUTPATIENT VISITS	15,203	22,065	939,669.08	42.59	.139	61.81	5.92
OFFICE VISITS	8,437	11,337	353,723.81	31.20	.071	41.93	2.23
HOME VISITS	604	734	31,161.30	42.45	.005	51.59	.20
EMERGENCY ROOM	6,163	8,316	502,199.27	60.39	.052	81.49	3.16
PREVENTIVE CARE	8	8	346.44	43.31	.000	43.31	.00
OB VISITS/COMPRE PERI	31	72	3,859.34	53.60	.000	124.49	.02
OTHER OUTPATIENT	1,252	1,598	48,378.92	30.27	.010	38.64	.30
INPATIENT VISITS	2,964	18,213	856,090.19	47.00	.115	288.83	5.39
HOSPITAL VISITS	2,456	15,966	695,920.06	43.59	.101	283.36	4.38
CRITICAL CARE	225	879	116,083.87	132.06	.006	515.93	.73
SNF/ICF/TRANS IP CARE	505	1,368	44,086.26	32.23	.009	87.30	.28
OPHTHALMOLOGICAL SERVICES	479	596	24,486.49	41.08	.004	51.12	.15
EXAMINATIONS	475	592	24,372.62	41.17	.004	51.31	.15
SERVICES AND MATERIALS	4	4	113.87	28.47	.000	28.47	.00
INPATIENT HOSPITAL SURGERY	1,069	6,501	529,830.02	81.50	.041	495.63	3.34
PRINCIPAL SURGEON	768	1,291	395,925.30	306.68	.008	515.53	2.49

ASSISTANT SURGEON	83	89	21,601.34	242.71	.001	260.26	.14
ANESTHESIOLOGIST	432	5,121	112,303.38	21.93	.032	259.96	.71
OUTPATIENT SURGERY	1,625	3,393	252,895.81	74.53	.021	155.63	1.59
PRINCIPAL SURGEON	1,445	1,831	210,424.44	114.92	.012	145.62	1.32
ASSISTANT SURGEON	7	7	876.49	125.21	.000	125.21	.01
ANESTHESIOLOGIST	241	1,555	41,594.88	26.75	.010	172.59	.26
DIALYSIS	441	1,423	112,876.94	79.32	.009	255.96	.71
PATHOLOGY	3,037	22,059	87,601.30	3.97	.139	28.84	.55
RADIOLOGY	4,814	10,071	337,900.28	33.55	.063	70.19	2.13
PSYCHIATRY	11	17	398.87	23.46	.000	36.26	.00
IMMUNIZATION AND INJECTION	424	1,411	74,048.72	52.48	.009	174.64	.47
OTHER SERVICES/ALL X-OVERS	10,908	37,933	572,402.74	15.09	.239	52.48	3.60
@PHARMACY	87,906	1,339,345	\$ 31,666,631.13	\$ 23.64	8.433	\$ 360.23	\$ 199.38
PRESCRIPTION DRUGS	86,659	347,755	29,932,053.40	86.07	2.190	345.40	188.46
SNF/ICF	2,969	20,742	1,674,493.62	80.73	.131	563.99	10.54
OUTPATIENTS	84,029	327,013	28,257,559.78	86.41	2.059	336.28	177.92
MEDICAL SUPPLIES	8,383	991,590	1,734,577.73	1.75	6.243	206.92	10.92
@DENTIST	10,609	50,056	\$ 2,020,221.52	\$ 40.36	.315	\$ 190.43	\$ 12.72
VISITS - DIAGNOSTIC	6,953	30,611	358,094.37	11.70	.193	51.50	2.25
ORAL SURGERY	1,557	4,565	241,846.70	52.98	.029	155.33	1.52
DRUGS	78	86	1,375.00	15.99	.001	17.63	.01
ANESTHESIA	73	74	7,300.00	98.65	.000	100.00	.05
PERIODONTICS	1,004	1,036	151,889.50	146.61	.007	151.28	.96
ENDODONTICS	566	796	163,812.50	205.79	.005	289.42	1.03
RESTORATIVE DENTISTRY	3,039	8,521	645,318.25	75.73	.054	212.35	4.06
PROSTHETICS	92	95	2,520.00	26.53	.001	27.39	.02
DENTURES, STAYPLATES	1,344	3,729	437,537.21	117.33	.023	325.55	2.75
SPACE MAINTAINERS	7	9	330.00	36.67	.000	47.14	.00
MAXILLOFACIAL SERVICES	14	16	1,233.99	77.12	.000	88.14	.01
FRACTURES, DISLOCATIONS	1	1	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	104	123	8,485.00	68.98	.001	81.59	.05
ALL OTHER SERVICES	283	394	479.00	1.22	.002	1.69	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,930
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
				AID CODE 60			

158,823 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,133	5,858	\$	126,097.92	\$ 21.53	.037	\$ 59.12	\$.79
DIAGNOSTIC AND ANC. PROCED	976	992		45,187.89	45.55	.006	46.30	.28
EYE APPLIANCES	1,557	4,543		74,759.52	16.46	.029	48.02	.47
OTHER OPTOMETRIC SERVICES	191	323		6,150.51	19.04	.002	32.20	.04
@CHIROPRACTOR	75	155	\$	2,323.73	\$ 14.99	.001	\$ 30.98	\$.01
VISITS	62	124		2,063.48	16.64	.001	33.28	.01
OTHER SERVICES	13	31		260.25	8.40	.000	20.02	.00
@PODIATRIST	1,589	2,457	\$	49,710.88	\$ 20.23	.015	\$ 31.28	\$.31
MEDICINE/INJECTIONS	831	998		25,114.09	25.16	.006	30.22	.16
SURGERY/ANES.	277	306		5,574.80	18.22	.002	20.13	.04
RADIO./PATHOLOGY	47	64		1,137.50	17.77	.000	24.20	.01
OTHER	612	1,089		17,884.49	16.42	.007	29.22	.11
@HOME HEALTH AGENCY	506	25,822	\$	874,981.96	\$ 33.89	.163	\$ 1729.21	\$ 5.51
NURSE ANESTHESIST	8	46	\$	991.09	\$ 21.55	.000	\$ 123.89	\$.01
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	11	30	\$	301.81	\$ 10.06	.000	\$ 27.44	\$.00
@TOTAL HOSPITAL	16,592	105,346	\$	22,719,979.15	\$ 215.67	.663	\$ 1369.33	\$ 143.05
HOSP INPATIENT TOTAL	2,709	19,693		20,649,910.78	1048.59	.124	7622.71	130.02
HSC HOSPITALS	1,496	10,768		13,171,813.69	1223.24	.068	8804.69	82.93
NON-HSC HOSPITAL TOTAL	691	4,594		6,819,629.61	1484.46	.029	9869.22	42.94
ACCOMMODATIONS	690	4,594		2,201,373.22	479.18	.029	3190.40	13.86

ADMINISTRATIVE DAYS	176	1,689	382,461.47	226.44	.011	2173.08	2.41
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	529	2,905	1,818,911.75	626.13	.018	3438.40	11.45
ANCILLARIES	687	0	4,618,256.39	.00	.000	6722.35	29.08
INPATIENT CROSSOVERS	627	4,331	658,467.48	152.04	.027	1050.19	4.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14,679	85,653	2,070,068.37	24.17	.539	141.02	13.03
MEDICAL	3,173	4,992	182,161.79	36.49	.031	57.41	1.15
SURGERY	896	1,060	50,105.66	47.27	.007	55.92	.32
PATHOLOGY	4,794	28,936	290,457.64	10.04	.182	60.59	1.83
RADIOLOGY	3,490	5,548	372,217.23	67.09	.035	106.65	2.34
ROOM USE	8,075	11,617	424,034.38	36.50	.073	52.51	2.67
CROSSOVERS/ALL OTH OUTPTNT	8,082	33,500	751,091.67	22.42	.211	92.93	4.73
@COUNTY HOSPITAL TOTAL	1,269	7,515	\$ 3,846,747.17	\$ 511.88	.047	\$ 3031.32	\$ 24.22
CO HOSPITAL INPATIENT TOTAL	652	4,604	3,764,533.12	817.67	.029	5773.82	23.70
HSC HOSPITALS	513	3,061	3,455,079.41	1128.74	.019	6735.05	21.75

NON-HSC HOSPITALS TOTAL	26	469	205,446.65	438.05	.003	7901.79	1.29
ACCOMMODATIONS	26	469	109,413.25	233.29	.003	4208.20	.69
ADMINISTRATIVE DAYS	24	458	105,173.64	229.64	.003	4382.24	.66
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	11	4,239.61	385.42	.000	2119.81	.03
ANCILLARIES	26	0	96,033.40	.00	.000	3693.59	.60
INPATIENT CROSSOVERS	125	1,074	104,007.06	96.84	.007	832.06	.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	632	2,911	82,214.05	28.24	.018	130.09	.52
MEDICAL	195	281	10,501.49	37.37	.002	53.85	.07
SURGERY	73	90	4,349.87	48.33	.001	59.59	.03
PATHOLOGY	231	1,016	13,580.81	13.37	.006	58.79	.09
RADIOLOGY	120	201	19,478.74	96.91	.001	162.32	.12
ROOM USE	395	539	21,347.91	39.61	.003	54.05	.13
CROSSOVERS/ALL OTH OUTPTNT	247	784	12,955.23	16.52	.005	52.45	.08

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	158,823 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15,583	97,831	\$	18,873,231.98	\$ 192.92	.616	\$ 1211.14	\$ 118.83
COMM HOSP INPATIENT TOTAL	2,107	15,089		16,885,377.66	1119.05	.095	8013.94	106.32
HSC HOSPITALS	1,012	7,707		9,716,734.28	1260.77	.049	9601.52	61.18
NON-HSC HOSPITALS TOTAL	665	4,125		6,614,182.96	1603.44	.026	9946.14	41.64
ACCOMMODATIONS	664	4,125		2,091,959.97	507.14	.026	3150.54	13.17
ADMINISTRATIVE DAYS	152	1,231		277,287.83	225.25	.008	1824.26	1.75
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	527	2,894		1,814,672.14	627.05	.018	3443.40	11.43
ANCILLARIES	661	0		4,522,222.99	.00	.000	6841.49	28.47
INPATIENT CROSSOVERS	502	3,257		554,460.42	170.24	.021	1104.50	3.49
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14,170	82,742		1,987,854.32	24.02	.521	140.29	12.52
MEDICAL	2,992	4,711		171,660.30	36.44	.030	57.37	1.08
SURGERY	825	970		45,755.79	47.17	.006	55.46	.29
PATHOLOGY	4,582	27,920		276,876.83	9.92	.176	60.43	1.74
RADIOLOGY	3,379	5,347		352,738.49	65.97	.034	104.39	2.22
ROOM USE	7,749	11,078		402,686.47	36.35	.070	51.97	2.54
CROSSOVERS/ALL OTH OUTPTNT	7,859	32,716		738,136.44	22.56	.206	93.92	4.65
@STATE HOSPITAL	12	435	\$	250,846.82	\$ 576.66	.003	\$ 20903.90	\$ 1.58
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	435		250,846.82	576.66	.003	20903.90	1.58
@NURSING FACILITY	1,709	47,757	\$	7,560,564.92	\$ 158.31	.301	\$ 4423.97	\$ 47.60
LEV A-INTERMEDIATE	6	265		21,528.26	81.24	.002	3588.04	.14
LEV B-REHAB MD	64	2,087		274,075.66	131.33	.013	4282.43	1.73
LEV B-SUBACUTE FREESTANDING	26	843		499,850.41	592.94	.005	19225.02	3.15
LEV B-SUBACUTE HSPTL BASED	43	1,385		699,983.16	505.40	.009	16278.68	4.41
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1,571	43,177		6,065,127.43	140.47	.272	3860.68	38.19
@INTERMEDIATE CARE FACIL.-DD	703	22,476	\$	3,687,755.74	\$ 164.08	.142	\$ 5245.74	\$ 23.22
ICF DDH	395	12,842		1,899,830.55	147.94	.081	4809.70	11.96
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	308	9,634		1,787,925.19	185.58	.061	5804.95	11.26
@HEMODIALYSIS TOTAL	1,463	35,929	\$	1,726,994.59	\$ 48.07	.226	\$ 1180.45	\$ 10.87
HOSPITAL BASED	4	60		23,454.00	390.90	.000	5863.50	.15
HEMODIALYSIS CENTER	1,459	35,869		1,703,540.59	47.49	.226	1167.61	10.73
@REHABILITATION FACILITY	404	6,723	\$	88,197.20	\$ 13.12	.042	\$ 218.31	\$.56
HOSPITAL BASED	164	534		15,896.66	29.77	.003	96.93	.10
INDEPENDENT FACILITY	240	6,189		72,300.54	11.68	.039	301.25	.46
@LABORATORY FACILITY	3,512	19,055	\$	229,762.40	\$ 12.06	.120	\$ 65.42	\$ 1.45

PATHOLOGY	3,448	18,941		228,503.97		12.06	.119	66.27	1.44
XO AND OTHERS	66	114		1,258.43		11.04	.001	19.07	.01
@ORGANIZED OUTPATIENT CLINIC	34,427	59,645	\$	13,552,544.55	\$	227.22	.376	\$ 393.66	\$ 85.33
CLINIC	855	2,920		100,972.55		34.58	.018	118.10	.64
SURGICENTER	40	90		6,636.19		73.74	.001	165.90	.04
HEROIN DETOX CLINIC	63	686		7,841.54		11.43	.004	124.47	.05
RURAL HEALTH CLINIC	33,721	55,949		13,437,094.27		240.17	.352	398.48	84.60

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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
158,823 ELIGIBLES							
@ALL OTHER PROVIDERS	21,318	4,908,425	\$ 5,546,047.03	\$ 1.13	30.905	\$ 260.16	\$ 34.92
DURABLE MED. EQUIP.	1,855	8,952	1,180,880.32	131.91	.056	636.59	7.44
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	91	137	35,406.82	258.44	.001	389.09	.22
MEDICAL TRANSPORTATION	4,783	132,311	965,372.31	7.30	.833	201.83	6.08
AMBULANCES/AIR TRANS	3,990	37,544	570,055.86	15.18	.236	142.87	3.59
OTHER TRANS	866	94,162	374,688.81	3.98	.593	432.67	2.36
OTHER SERVICES	73	605	20,627.64	34.10	.004	282.57	.13
ACUPUNCTURE	340	1,162	20,556.97	17.69	.007	60.46	.13
ADULT DAY HEALTH CARE CTR	757	9,942	689,648.43	69.37	.063	911.03	4.34
GENETIC DISEASE TESTING	19	19	1,995.00	105.00	.000	105.00	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	656	8,526	515,298.84	60.44	.054	785.52	3.24
OCCUPATIONAL THERAPIST	2	2	36.08	18.04	.000	18.04	.00
OPTICIAN	3,184	7,672	95,677.86	12.47	.048	30.05	.60
PHYSICAL THERAPIST	2	6	35.28	5.88	.000	17.64	.00
PORTABLE X-RAY	77	157	2,134.83	13.60	.001	27.73	.01
PROSTHETIST/ORTHOTISTS	505	1,827	193,686.36	106.01	.012	383.54	1.22
PROSTHETICS	465	1,769	190,013.29	107.41	.011	408.63	1.20
ORTHOTICS	42	58	3,673.07	63.33	.000	87.45	.02
PSYCHOLOGIST	178	421	6,282.32	14.92	.003	35.29	.04
SPEECH AND AUDIOLOGY	1,019	3,287	174,144.93	52.98	.021	170.90	1.10
HOSPICE SERVICES	79	1,510	230,277.79	152.50	.010	2914.91	1.45
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,480	70,712	556,846.31	7.87	.445	160.01	3.51
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6,276	4,661,782	877,766.58	.19	29.352	139.86	5.53
@CALIF. CHILDREN SERVICES*	2,789	95,789	\$ 5,246,849.75	\$ 54.78	.603	\$ 1881.27	\$ 33.04
@XOVER EXCLUDING STATE HOSP**	13,359	147,788	\$ 2,831,273.48	\$ 19.16	.931	\$ 211.94	\$ 17.83

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G	PAGE 1,933 01/29/04
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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
41,095 ELIGIBLES							
@TOTAL, ALL PROVIDERS	49,165	296,094	\$ 15,211,624.40	\$ 51.37	7.205	\$ 309.40	\$ 370.16
@PHYSICIANS SERVICES	4,743	12,667	\$ 744,482.49	\$ 58.77	.308	\$ 156.96	\$ 18.12
OUTPATIENT VISITS	3,464	4,646	185,780.65	39.99	.113	53.63	4.52
OFFICE VISITS	1,909	2,353	86,270.58	36.66	.057	45.19	2.10
HOME VISITS	1	1	37.42	37.42	.000	37.42	.00
EMERGENCY ROOM	1,263	1,422	71,714.26	50.43	.035	56.78	1.75
PREVENTIVE CARE	37	36	1,526.90	42.41	.001	41.27	.04
OB VISITS/COMPRE PERI	93	455	11,006.25	24.19	.011	118.35	.27

OTHER OUTPATIENT	311	379		15,225.24	40.17	.009	48.96	.37
INPATIENT VISITS	460	2,486		259,006.98	104.19	.060	563.06	6.30
HOSPITAL VISITS	388	1,338		68,456.37	51.16	.033	176.43	1.67
CRITICAL CARE	118	1,148		190,550.61	165.98	.028	1614.84	4.64
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	47	55		2,654.04	48.26	.001	56.47	.06
EXAMINATIONS	46	54		2,651.50	49.10	.001	57.64	.06
SERVICES AND MATERIALS	1	1		2.54	2.54	.000	2.54	.00
INPATIENT HOSPITAL SURGERY	279	1,570		161,213.39	102.68	.038	577.83	3.92
PRINCIPAL SURGEON	187	300		121,285.65	404.29	.007	648.59	2.95
ASSISTANT SURGEON	22	24		5,080.42	211.68	.001	230.93	.12
ANESTHESIOLOGIST	124	1,246		34,847.32	27.97	.030	281.03	.85
OUTPATIENT SURGERY	308	617		48,846.04	79.17	.015	158.59	1.19
PRINCIPAL SURGEON	255	295		37,111.16	125.80	.007	145.53	.90
ASSISTANT SURGEON	2	2		431.06	215.53	.000	215.53	.01
ANESTHESIOLOGIST	73	320		11,303.82	35.32	.008	154.85	.28
DIALYSIS	2	4		540.98	135.25	.000	270.49	.01
PATHOLOGY	532	1,364		9,006.95	6.60	.033	16.93	.22
RADIOLOGY	646	906		42,956.74	47.41	.022	66.50	1.05
PSYCHIATRY	3	6		303.44	50.57	.000	101.15	.01
IMMUNIZATION AND INJECTION	105	164		2,010.51	12.26	.004	19.15	.05
OTHER SERVICES/ALL X-OVERS	558	849		32,162.77	37.88	.021	57.64	.78
@PHARMACY	6,238	34,439	\$	1,159,570.94	\$ 33.67	.838	\$ 185.89	\$ 28.22
PRESCRIPTION DRUGS	6,145	13,947		1,105,927.58	79.30	.339	179.97	26.91
SNF/ICF	9	44		6,795.09	154.43	.001	755.01	.17
OUTPATIENTS	6,139	13,903		1,099,132.49	79.06	.338	179.04	26.75
MEDICAL SUPPLIES	258	20,492		53,643.36	2.62	.499	207.92	1.31
@DENTIST	14,384	82,414	\$	2,321,289.53	\$ 28.17	2.005	\$ 161.38	\$ 56.49
VISITS - DIAGNOSTIC	10,828	56,883		771,128.85	13.56	1.384	71.22	18.76
ORAL SURGERY	2,063	4,122		245,621.50	59.59	.100	119.06	5.98
DRUGS	695	793		17,703.75	22.33	.019	25.47	.43
ANESTHESIA	83	83		7,700.00	92.77	.002	92.77	.19
PERIODONTICS	368	387		51,407.00	132.83	.009	139.69	1.25
ENDODONTICS	1,158	2,103		239,812.90	114.03	.051	207.09	5.84
RESTORATIVE DENTISTRY	5,330	16,013		866,328.95	54.10	.390	162.54	21.08
PROSTHETICS	28	29		580.00	20.00	.001	20.71	.01
DENTURES, STAYPLATES	185	744		55,836.00	75.05	.018	301.82	1.36
SPACE MAINTAINERS	101	123		11,821.00	96.11	.003	117.04	.29
MAXILLOFACIAL SERVICES	21	21		1,012.08	48.19	.001	48.19	.02
FRACTURES, DISLOCATIONS	1	1		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	605	720		52,052.50	72.30	.018	86.04	1.27
ALL OTHER SERVICES	323	392		285.00	.73	.010	.88	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
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						MONTHLY AVERAGE			
						UNITS/DAYS	COST PER		
						PER ELIG	USER		
						PER UNIT/DAY			
41,095 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				
		OR DAYS OF CARE			PER UNIT/DAY				
@OPTOMETRIST	324	884	\$	20,814.08	\$ 23.55	.022	\$ 64.24	\$	.51
DIAGNOSTIC AND ANC. PROCED	236	237		10,928.11	46.11	.006	46.31		.27
EYE APPLIANCES	229	642		9,589.85	14.94	.016	41.88		.23
OTHER OPTOMETRIC SERVICES	5	5		296.12	59.22	.000	59.22		.01
@CHIROPRACTOR	44	75	\$	1,254.00	\$ 16.72	.002	\$ 28.50	\$	.03
VISITS	44	75		1,254.00	16.72	.002	28.50		.03
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	8	19	\$	851.83	\$ 44.83	.000	\$ 106.48	\$	.02
MEDICINE/INJECTIONS	7	9		386.61	42.96	.000	55.23		.01
SURGERY/ANES.	1	2		101.26	50.63	.000	101.26		.00
RADIO./PATHOLOGY	3	5		88.22	17.64	.000	29.41		.00
OTHER	2	3		275.74	91.91	.000	137.87		.01

@HOME HEALTH AGENCY	20	1,734	\$	51,652.07	\$	29.79	.042	\$	2582.60	\$	1.26
NURSE ANESTHESIST	8	40	\$	1,044.17	\$	26.10	.001	\$	130.52	\$	.03
NURSE MIDWIFE	6	21	\$	2,906.97	\$	138.43	.001	\$	484.50	\$	.07
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	12	19	\$	491.45	\$	25.87	.000	\$	40.95	\$	.01
@TOTAL HOSPITAL	2,883	12,278	\$	4,009,790.04	\$	326.58	.299	\$	1390.84	\$	97.57
HOSP INPATIENT TOTAL	363	2,253		3,676,573.21		1631.86	.055		10128.30		89.47
HSC HOSPITALS	296	1,973		3,249,128.69		1646.80	.048		10976.79		79.06
NON-HSC HOSPITAL TOTAL	68	276		426,604.52		1545.67	.007		6273.60		10.38
ACCOMMODATIONS	67	276		178,748.87		647.64	.007		2667.89		4.35
ADMINISTRATIVE DAYS	5	41		9,252.00		225.66	.001		1850.40		.23
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	62	235		169,496.87		721.26	.006		2733.82		4.12
ANCILLARIES	68	0		247,855.65		.00	.000		3644.94		6.03
INPATIENT CROSSOVERS	1	4		840.00		210.00	.000		840.00		.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,583	10,025		333,216.83		33.24	.244		129.00		8.11
MEDICAL	609	876		51,807.99		59.14	.021		85.07		1.26
SURGERY	201	239		10,529.36		44.06	.006		52.38		.26
PATHOLOGY	793	3,677		41,462.17		11.28	.089		52.29		1.01
RADIOLOGY	579	751		46,777.98		62.29	.018		80.79		1.14
ROOM USE	2,051	2,641		99,493.16		37.67	.064		48.51		2.42
CROSSOVERS/ALL OTH OUTPTNT	919	1,841		83,146.17		45.16	.045		90.47		2.02
@COUNTY HOSPITAL TOTAL	126	478	\$	234,280.56	\$	490.13	.012	\$	1859.37	\$	5.70
CO HOSPITAL INPATIENT TOTAL	62	200		226,500.65		1132.50	.005		3653.24		5.51
HSC HOSPITALS	62	200		226,500.65		1132.50	.005		3653.24		5.51
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	65	278		7,779.91		27.99	.007		119.69		.19
MEDICAL	20	27		913.09		33.82	.001		45.65		.02
SURGERY	14	18		650.36		36.13	.000		46.45		.02
PATHOLOGY	32	118		1,774.55		15.04	.003		55.45		.04
RADIOLOGY	5	5		282.48		56.50	.000		56.50		.01
ROOM USE	47	69		2,996.19		43.42	.002		63.75		.07
CROSSOVERS/ALL OTH OUTPTNT	24	41		1,163.24		28.37	.001		48.47		.03

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

41,095 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	2,767	11,800	\$ 3,775,509.48	\$ 319.96	.287	\$ 1364.48	\$ 91.87
COMM HOSP INPATIENT TOTAL	302	2,053	3,450,072.56	1680.50	.050	11424.08	83.95
HSC HOSPITALS	235	1,773	3,022,628.04	1704.81	.043	12862.25	73.55
NON-HSC HOSPITALS TOTAL	68	276	426,604.52	1545.67	.007	6273.60	10.38
ACCOMMODATIONS	67	276	178,748.87	647.64	.007	2667.89	4.35
ADMINISTRATIVE DAYS	5	41	9,252.00	225.66	.001	1850.40	.23
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	62	235	169,496.87	721.26	.006	2733.82	4.12
ANCILLARIES	68	0	247,855.65	.00	.000	3644.94	6.03
INPATIENT CROSSOVERS	1	4	840.00	210.00	.000	840.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,524	9,747	325,436.92	33.39	.237	128.94	7.92
MEDICAL	590	849	50,894.90	59.95	.021	86.26	1.24

SURGERY	187	221		9,879.00		44.70	.005	52.83	.24
PATHOLOGY	761	3,559		39,687.62		11.15	.087	52.15	.97
RADIOLOGY	574	746		46,495.50		62.33	.018	81.00	1.13
ROOM USE	2,007	2,572		96,496.97		37.52	.063	48.08	2.35
CROSSOVERS/ALL OTH OUTPTNT	895	1,800		81,982.93		45.55	.044	91.60	1.99
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00

ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	40	\$	15,277.82	\$ 381.95	.001	\$ 5092.61	\$.37
HOSPITAL BASED	2	39		15,245.10	390.90	.001	7622.55	.37
HEMODIALYSIS CENTER	1	1		32.72	32.72	.000	32.72	.00
@REHABILITATION FACILITY	69	545	\$	9,963.40	\$ 18.28	.013	\$ 144.40	\$.24
HOSPITAL BASED	40	165		5,330.95	32.31	.004	133.27	.13
INDEPENDENT FACILITY	29	380		4,632.45	12.19	.009	159.74	.11
@LABORATORY FACILITY	581	1,747	\$	25,656.44	\$ 14.69	.043	\$ 44.16	\$.62
PATHOLOGY	581	1,747		25,656.44	14.69	.043	44.16	.62
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	20,729	29,972	\$	6,324,223.04	\$ 211.00	.729	\$ 305.09	\$ 153.89
CLINIC	519	2,574		61,165.12	23.76	.063	117.85	1.49
SURGICENTER	3	21		742.76	35.37	.001	247.59	.02
HEROIN DETOX CLINIC	7	94		1,053.80	11.21	.002	150.54	.03
RURAL HEALTH CLINIC	20,262	27,283		6,261,261.36	229.49	.664	309.01	152.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 1,936
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G							

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
41,095 ELIGIBLES							
@ALL OTHER PROVIDERS	7,944	119,200	\$ 522,356.13	\$ 4.38	2.901	\$ 65.75	\$ 12.71
DURABLE MED. EQUIP.	73	218	27,784.53	127.45	.005	380.61	.68
BLOOD BANK	3	792	2,376.00	3.00	.019	792.00	.06
HEARING AID DISPENSERS	2	12	1,354.19	112.85	.000	677.10	.03
MEDICAL TRANSPORTATION	359	3,805	66,624.50	17.51	.093	185.58	1.62
AMBULANCES/AIR TRANS	357	3,763	50,206.26	13.34	.092	140.63	1.22
OTHER TRANS	9	33	218.24	6.61	.001	24.25	.01
OTHER SERVICES	9	9	16,200.00	1800.00	.000	1800.00	.39
ACUPUNCTURE	21	74	1,362.43	18.41	.002	64.88	.03
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	107	108	10,702.00	99.09	.003	100.02	.26
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,690	3,568	32,052.16	8.98	.087	18.97	.78
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	33	96	16,413.60	170.98	.002	497.38	.40
PROSTHETICS	29	92	16,075.83	174.74	.002	554.34	.39
ORTHOTICS	4	4	337.77	84.44	.000	84.44	.01
PSYCHOLOGIST	13	117	6,932.63	59.25	.003	533.28	.17
SPEECH AND AUDIOLOGY	21	52	3,651.26	70.22	.001	173.87	.09
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5,673	31,013	340,787.22	10.99	.755	60.07	8.29
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	49	79,345	12,315.61	.16	1.931	251.34	.30
@CALIF. CHILDREN SERVICES*	1,348	14,121	\$ 3,379,876.90	\$ 239.35	.344	\$ 2507.33	\$ 82.25
@XOVER EXCLUDING STATE HOSP**	12	779	\$ 1,510.33	\$ 1.94	.019	\$ 125.86	\$.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,937
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL	

----- MONTHLY AVERAGE -----

267,538 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	218,216	9,811,260	\$ 134,599,492.06	\$ 13.72	36.672	\$ 616.82	\$ 503.10
@PHYSICIANS SERVICES	40,561	163,730	\$ 4,984,863.25	\$ 30.45	.612	\$ 122.90	\$ 18.63
OUTPATIENT VISITS	19,480	27,874	1,172,853.51	42.08	.104	60.21	4.38
OFFICE VISITS	10,936	14,487	465,953.68	32.16	.054	42.61	1.74
HOME VISITS	626	766	32,513.72	42.45	.003	51.94	.12
EMERGENCY ROOM	7,627	9,988	591,485.96	59.22	.037	77.55	2.21
PREVENTIVE CARE	45	44	1,873.34	42.58	.000	41.63	.01
OB VISITS/COMPRE PERI	128	533	15,360.13	28.82	.002	120.00	.06
OTHER OUTPATIENT	1,621	2,056	65,666.68	31.94	.008	40.51	.25
INPATIENT VISITS	3,564	21,362	1,145,146.82	53.61	.080	321.31	4.28
HOSPITAL VISITS	2,964	17,919	791,709.68	44.18	.067	267.11	2.96
CRITICAL CARE	353	2,043	308,580.08	151.04	.008	874.16	1.15
SNF/ICF/TRANS IP CARE	525	1,400	44,857.06	32.04	.005	85.44	.17
OPHTHALMOLOGICAL SERVICES	666	822	34,284.73	41.71	.003	51.48	.13
EXAMINATIONS	660	816	34,131.92	41.83	.003	51.72	.13
SERVICES AND MATERIALS	6	6	152.81	25.47	.000	25.47	.00
INPATIENT HOSPITAL SURGERY	1,398	8,352	709,375.82	84.93	.031	507.42	2.65
PRINCIPAL SURGEON	988	1,638	529,753.77	323.42	.006	536.19	1.98
ASSISTANT SURGEON	111	120	28,380.05	236.50	.000	255.68	.11
ANESTHESIOLOGIST	572	6,594	151,242.00	22.94	.025	264.41	.57
OUTPATIENT SURGERY	2,045	4,262	330,059.38	77.44	.016	161.40	1.23
PRINCIPAL SURGEON	1,793	2,252	272,696.87	121.09	.008	152.09	1.02
ASSISTANT SURGEON	10	10	1,438.79	143.88	.000	143.88	.01
ANESTHESIOLOGIST	336	2,000	55,923.72	27.96	.007	166.44	.21
DIALYSIS	469	1,519	120,704.26	79.46	.006	257.37	.45
PATHOLOGY	3,700	24,434	100,492.14	4.11	.091	27.16	.38
RADIOLOGY	5,705	11,509	403,173.14	35.03	.043	70.67	1.51
PSYCHIATRY	14	23	702.31	30.54	.000	50.17	.00
IMMUNIZATION AND INJECTION	553	1,601	77,797.39	48.59	.006	140.68	.29
OTHER SERVICES/ALL X-OVERS	18,713	61,972	890,273.75	14.37	.232	47.58	3.33
@PHARMACY	135,279	1,966,022	\$ 43,340,883.02	\$ 22.04	7.349	\$ 320.38	\$ 162.00
PRESCRIPTION DRUGS	133,438	505,807	41,187,786.15	81.43	1.891	308.67	153.95
SNF/ICF	4,241	27,766	2,047,724.94	73.75	.104	482.84	7.65
OUTPATIENTS	129,660	478,041	39,140,061.21	81.88	1.787	301.87	146.30
MEDICAL SUPPLIES	12,488	1,460,215	2,153,096.87	1.47	5.458	172.41	8.05
@DENTIST	28,058	145,370	\$ 4,940,380.70	\$ 33.98	.543	\$ 176.08	\$ 18.47
VISITS - DIAGNOSTIC	19,683	94,903	1,214,066.83	12.79	.355	61.68	4.54
ORAL SURGERY	4,071	9,834	544,264.95	55.35	.037	133.69	2.03
DRUGS	774	880	19,078.75	21.68	.003	24.65	.07
ANESTHESIA	163	164	15,700.00	95.73	.001	96.32	.06
PERIODONTICS	1,606	1,665	233,235.00	140.08	.006	145.23	.87
ENDODONTICS	1,848	3,076	439,890.40	143.01	.011	238.04	1.64
RESTORATIVE DENTISTRY	9,016	26,398	1,665,385.45	63.09	.099	184.71	6.22
PROSTHETICS	154	168	4,390.00	26.13	.001	28.51	.02
DENTURES, STAYPLATES	2,335	6,352	727,645.75	114.55	.024	311.63	2.72
SPACE MAINTAINERS	108	132	12,151.00	92.05	.000	112.51	.05
MAXILLOFACIAL SERVICES	37	39	2,296.07	58.87	.000	62.06	.01
FRACTURES, DISLOCATIONS	2	2	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	711	847	61,427.50	72.52	.003	86.40	.23
ALL OTHER SERVICES	695	910	849.00	.93	.003	1.22	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,938
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL						

267,538 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3,582	10,299	\$ 211,175.02	\$ 20.50	.038	\$ 58.95	\$.79
DIAGNOSTIC AND ANC. PROCED	1,370	1,392	63,141.48	45.36	.005	46.09	.24

EYE APPLIANCES	2,707	8,300		135,474.98		16.32	.031	50.05	.51
OTHER OPTOMETRIC SERVICES	373	607		12,558.56		20.69	.002	33.67	.05
@CHIROPRACTOR	132	254	\$	3,913.32	\$	15.41	.001	29.65	\$.01
VISITS	117	218		3,634.26		16.67	.001	31.06	.01
OTHER SERVICES	15	36		279.06		7.75	.000	18.60	.00
@PODIATRIST	2,288	3,646	\$	63,186.10	\$	17.33	.014	27.62	\$.24
MEDICINE/INJECTIONS	890	1,069		26,952.20		25.21	.004	30.28	.10
SURGERY/ANES.	282	313		5,771.85		18.44	.001	20.47	.02
RADIO./PATHOLOGY	50	69		1,225.72		17.76	.000	24.51	.00
OTHER	1,253	2,195		29,236.33		13.32	.008	23.33	.11
@HOME HEALTH AGENCY	567	30,533	\$	1,020,717.11	\$	33.43	.114	1800.21	\$.3.82
NURSE ANESTHESIST	16	86	\$	2,035.26	\$	23.67	.000	127.20	\$.01
NURSE MIDWIFE	6	21	\$	2,906.97	\$	138.43	.000	484.50	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	\$.00
FAMILY NURSE PRACTITIONER	38	73	\$	1,375.49	\$	18.84	.000	36.20	\$.01
@TOTAL HOSPITAL	23,959	141,368	\$	31,068,340.84	\$	219.77	.528	1296.73	\$.116.13
HOSP INPATIENT TOTAL	3,950	26,786		28,254,297.07		1054.82	.100	7152.99	105.61
HSC HOSPITALS	2,071	14,195		17,798,005.37		1253.82	.053	8593.92	66.53
NON-HSC HOSPITAL TOTAL	1,002	6,135		9,449,567.98		1540.27	.023	9430.71	35.32
ACCOMMODATIONS	1,000	6,135		3,003,276.10		489.53	.023	3003.28	11.23
ADMINISTRATIVE DAYS	236	1,966		433,866.27		220.68	.007	1838.42	1.62
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	788	4,169		2,569,409.83		616.31	.016	3260.67	9.60
ANCILLARIES	996	0		6,446,291.88		.00	.000	6472.18	24.09
INPATIENT CROSSOVERS	1,002	6,456		1,006,723.72		155.94	.024	1004.71	3.76
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	21,031	114,582		2,814,043.77		24.56	.428	133.80	10.52
MEDICAL	3,936	6,109		244,778.72		40.07	.023	62.19	.91
SURGERY	1,150	1,366		64,620.93		47.31	.005	56.19	.24
PATHOLOGY	5,827	34,109		347,059.43		10.18	.127	59.56	1.30
RADIOLOGY	4,226	6,656		443,227.95		66.59	.025	104.88	1.66
ROOM USE	10,390	14,649		537,877.85		36.72	.055	51.77	2.01
CROSSOVERS/ALL OTH OUTPTNT	12,459	51,693		1,176,478.89		22.76	.193	94.43	4.40
@COUNTY HOSPITAL TOTAL	1,555	9,041	\$	4,500,671.89	\$	497.81	.034	2894.32	\$.16.82
CO HOSPITAL INPATIENT TOTAL	798	5,326		4,394,761.14		825.15	.020	5507.22	16.43
HSC HOSPITALS	645	3,655		4,071,390.72		1113.92	.014	6312.23	15.22
NON-HSC HOSPITALS TOTAL	27	474		209,205.52		441.36	.002	7748.35	.78
ACCOMMODATIONS	27	474		110,569.75		233.27	.002	4095.18	.41
ADMINISTRATIVE DAYS	25	463		106,330.14		229.65	.002	4253.21	.40
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	2	11		4,239.61		385.42	.000	2119.81	.02
ANCILLARIES	27	0		98,635.77		.00	.000	3653.18	.37
INPATIENT CROSSOVERS	139	1,197		114,164.90		95.38	.004	821.33	.43
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	774	3,715		105,910.75		28.51	.014	136.84	.40
MEDICAL	234	345		13,010.35		37.71	.001	55.60	.05
SURGERY	103	134		5,438.72		40.59	.001	52.80	.02
PATHOLOGY	274	1,283		16,929.35		13.20	.005	61.79	.06
RADIOLOGY	133	226		22,003.17		97.36	.001	165.44	.08
ROOM USE	470	672		26,929.73		40.07	.003	57.30	.10
CROSSOVERS/ALL OTH OUTPTNT	326	1,055		21,599.43		20.47	.004	66.26	.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL								
	----- MONTHLY AVERAGE -----								
@COMMUNITY HOSPITAL TOTAL	22,693	132,327	\$	26,567,668.95	\$ 200.77	.495	\$ 1170.74	\$ 99.30	
COMM HOSP INPATIENT TOTAL	3,206	21,460		23,859,535.93	1111.81	.080	7442.15	89.18	
HSC HOSPITALS	1,457	10,540		13,726,614.65	1302.34	.039	9421.15	51.31	

NON-HSC HOSPITALS TOTAL	976	5,661	9,240,362.46	1632.28	.021	9467.58	34.54
ACCOMMODATIONS	974	5,661	2,892,706.35	510.99	.021	2969.92	10.81
ADMINISTRATIVE DAYS	212	1,503	327,536.13	217.92	.006	1544.98	1.22
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	786	4,158	2,565,170.22	616.92	.016	3263.58	9.59
ANCILLARIES	970	0	6,347,656.11	.00	.000	6543.98	23.73
INPATIENT CROSSOVERS	863	5,259	892,558.82	169.72	.020	1034.25	3.34
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	20,400	110,867	2,708,133.02	24.43	.414	132.75	10.12
MEDICAL	3,721	5,764	231,768.37	40.21	.022	62.29	.87
SURGERY	1,050	1,232	59,182.21	48.04	.005	56.36	.22
PATHOLOGY	5,576	32,826	330,130.08	10.06	.123	59.21	1.23
RADIOLOGY	4,104	6,430	421,224.78	65.51	.024	102.64	1.57
ROOM USE	9,996	13,977	510,948.12	36.56	.052	51.12	1.91
CROSSOVERS/ALL OTH OUTPTNT	12,164	50,638	1,154,879.46	22.81	.189	94.94	4.32
@STATE HOSPITAL	12	435	\$ 250,846.82	\$ 576.66	.002	\$ 20903.90	\$.94
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	435	250,846.82	576.66	.002	20903.90	.94
@NURSING FACILITY	3,000	82,496	\$ 12,417,956.85	\$ 150.53	.308	\$ 4139.32	\$ 46.42
LEV A-INTERMEDIATE	15	614	49,122.86	80.00	.002	3274.86	.18
LEV B-REHAB MD	64	2,087	274,075.66	131.33	.008	4282.43	1.02
LEV B-SUBACUTE FREESTANDING	27	850	502,450.49	591.12	.003	18609.28	1.88
LEV B-SUBACUTE HSPTL BASED	43	1,385	699,983.16	505.40	.005	16278.68	2.62
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,852	77,560	10,892,324.68	140.44	.290	3819.19	40.71
@INTERMEDIATE CARE FACIL.-DD	742	23,737	\$ 3,881,573.86	\$ 163.52	.089	\$ 5231.23	\$ 14.51
ICF DDH	422	13,732	2,025,833.58	147.53	.051	4800.55	7.57
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	320	10,005	1,855,740.28	185.48	.037	5799.19	6.94
@HEMODIALYSIS TOTAL	1,970	37,950	\$ 2,067,218.20	\$ 54.47	.142	\$ 1049.35	\$ 7.73
HOSPITAL BASED	6	99	38,699.10	390.90	.000	6449.85	.14
HEMODIALYSIS CENTER	1,964	37,851	2,028,519.10	53.59	.141	1032.85	7.58
@REHABILITATION FACILITY	490	7,555	\$ 101,827.51	\$ 13.48	.028	\$ 207.81	\$.38
HOSPITAL BASED	209	709	21,414.59	30.20	.003	102.46	.08
INDEPENDENT FACILITY	281	6,846	80,412.92	11.75	.026	286.17	.30
@LABORATORY FACILITY	4,320	21,752	\$ 265,833.28	\$ 12.22	.081	\$ 61.54	\$.99
PATHOLOGY	4,207	21,554	264,025.74	12.25	.081	62.76	.99
XO AND OTHERS	115	198	1,807.54	9.13	.001	15.72	.01
@ORGANIZED OUTPATIENT CLINIC	63,456	103,964	\$ 22,097,002.25	\$ 212.54	.389	\$ 348.23	\$ 82.59
CLINIC	1,559	5,954	175,156.03	29.42	.022	112.35	.65
SURGICENTER	112	208	19,002.39	91.36	.001	169.66	.07
HEROIN DETOX CLINIC	71	798	9,094.42	11.40	.003	128.09	.03
RURAL HEALTH CLINIC	62,069	97,004	21,893,749.41	225.70	.363	352.73	81.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL						

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						----- MONTHLY AVERAGE -----			
267,538 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	36,981		7,071,969	\$ 7,877,456.21	\$ 1.11	26.434	\$ 213.01	\$ 29.44	
DURABLE MED. EQUIP.	2,258		10,619	1,317,049.83	124.03	.040	583.28	4.92	
BLOOD BANK	3		792	2,376.00	3.00	.003	792.00	.01	
HEARING AID DISPENSERS	199		271	107,463.44	396.54	.001	540.02	.40	
MEDICAL TRANSPORTATION	5,772		187,322	1,254,260.37	6.70	.700	217.30	4.69	
AMBULANCES/AIR TRANS	4,543		42,929	643,799.99	15.00	.160	141.71	2.41	
OTHER TRANS	1,297		143,518	572,054.87	3.99	.536	441.06	2.14	
OTHER SERVICES	118		875	38,405.51	43.89	.003	325.47	.14	
ACUPUNCTURE	891		3,335	58,709.61	17.60	.012	65.89	.22	
ADULT DAY HEALTH CARE CTR	1,424		17,936	1,244,473.98	69.38	.067	873.93	4.65	
GENETIC DISEASE TESTING	127		128	12,802.00	100.02	.000	100.80	.05	

IHMC,MODEL-NF,NF,AIDS,MSSP	938	11,306	726,635.07	64.27	.042	774.66	2.72
OCCUPATIONAL THERAPIST	2	2	36.08	18.04	.000	18.04	.00
OPTICIAN	6,455	15,369	181,179.95	11.79	.057	28.07	.68
PHYSICAL THERAPIST	8	23	205.59	8.94	.000	25.70	.00
PORTABLE X-RAY	126	237	2,434.14	10.27	.001	19.32	.01
PROSTHETIST/ORTHOTISTS	722	2,377	225,570.12	94.90	.009	312.42	.84
PROSTHETICS	673	2,307	221,035.63	95.81	.009	328.43	.83
ORTHOTICS	51	70	4,534.49	64.78	.000	88.91	.02
PSYCHOLOGIST	202	555	13,526.62	24.37	.002	66.96	.05
SPEECH AND AUDIOLOGY	1,326	3,996	243,018.38	60.82	.015	183.27	.91
HOSPICE SERVICES	132	2,395	363,343.16	151.71	.009	2752.60	1.36
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9,217	103,208	909,627.56	8.81	.386	98.69	3.40
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	10,074	6,712,098		1,214,744.31		.18	25.088		120.58		4.54
@CALIF. CHILDREN SERVICES*	4,224	110,829	\$	8,687,124.12	\$	78.38	.414	\$	2056.61	\$	32.47
@XOVER EXCLUDING STATE HOSP**	26,075	288,941	\$	4,488,678.97	\$	15.53	1.080	\$	172.14	\$	16.78

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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CONTRA COSTA COUNT SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

	4,840 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,234	9,933	\$	2,931,293.30	\$ 295.11	2.052	\$ 692.32	\$ 605.64
@PHYSICIANS SERVICES	775	2,424	\$	172,344.15	\$ 71.10	.501	\$ 222.38	\$ 35.61
OUTPATIENT VISITS	587	800		32,401.86	40.50	.165	55.20	6.69
OFFICE VISITS	395	546		19,535.25	35.78	.113	49.46	4.04
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	184	208		11,114.40	53.43	.043	60.40	2.30
PREVENTIVE CARE	12	12		469.33	39.11	.002	39.11	.10
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	30	34		1,282.88	37.73	.007	42.76	.27
INPATIENT VISITS	143	917		110,082.24	120.05	.189	769.81	22.74
HOSPITAL VISITS	122	401		20,548.00	51.24	.083	168.43	4.25
CRITICAL CARE	32	516		89,534.24	173.52	.107	2797.95	18.50
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	12		603.22	50.27	.002	75.40	.12
EXAMINATIONS	8	12		603.22	50.27	.002	75.40	.12
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	16	228		9,650.71	42.33	.047	603.17	1.99
PRINCIPAL SURGEON	9	9		6,564.02	729.34	.002	729.34	1.36
ASSISTANT SURGEON	1	1		416.08	416.08	.000	416.08	.09
ANESTHESIOLOGIST	8	218		2,670.61	12.25	.045	333.83	.55
OUTPATIENT SURGERY	30	68		6,458.34	94.98	.014	215.28	1.33
PRINCIPAL SURGEON	24	27		5,070.23	187.79	.006	211.26	1.05
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	41		1,388.11	33.86	.008	173.51	.29
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	50	121		529.18	4.37	.025	10.58	.11
RADIOLOGY	85	115		7,551.19	65.66	.024	88.84	1.56
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	27	41		397.95	9.71	.008	14.74	.08
OTHER SERVICES/ALL X-OVERS	88	122		4,669.46	38.27	.025	53.06	.96
@PHARMACY	445	966	\$	17,722.23	\$ 18.35	.200	\$ 39.83	\$ 3.66
PRESCRIPTION DRUGS	434	801		16,462.02	20.55	.165	37.93	3.40
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	434	801		16,462.02	20.55	.165	37.93	3.40
MEDICAL SUPPLIES	17	165		1,260.21	7.64	.034	74.13	.26
@DENTIST	4	6	\$	160.00	\$ 26.67	.001	\$ 40.00	\$.03
VISITS - DIAGNOSTIC	4	6		160.00	26.67	.001	40.00	.03
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00

ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

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	4,840 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	15	\$	1,122.90	\$ 74.86	.003	\$ 280.73	\$.23
NURSE ANESTHESIST	2	2	\$	129.40	\$ 64.70	.000	\$ 64.70	\$.03
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	367	2,065	\$	1,778,724.14	\$ 861.37	.427	\$ 4846.66	\$ 367.50
HOSP INPATIENT TOTAL	99	1,028		1,746,107.72	1698.55	.212	17637.45	360.77
HSC HOSPITALS	82	813		1,404,035.00	1726.98	.168	17122.38	290.09
NON-HSC HOSPITAL TOTAL	17	215		342,072.72	1591.04	.044	20121.92	70.68
ACCOMMODATIONS	17	215		180,008.77	837.25	.044	10588.75	37.19
ADMINISTRATIVE DAYS	1	1		231.30	231.30	.000	231.30	.05
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	214		179,777.47	840.08	.044	11236.09	37.14
ANCILLARIES	17	0		162,063.95	.00	.000	9533.17	33.48
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	275	1,037		32,616.42	31.45	.214	118.61	6.74
MEDICAL	71	99		7,849.27	79.29	.020	110.55	1.62
SURGERY	15	23		939.34	40.84	.005	62.62	.19
PATHOLOGY	92	417		3,792.00	9.09	.086	41.22	.78
RADIOLOGY	66	75		2,793.87	37.25	.015	42.33	.58
ROOM USE	236	291		11,018.59	37.86	.060	46.69	2.28
CROSSOVERS/ALL OTH OUTPTNT	86	132		6,223.35	47.15	.027	72.36	1.29
@COUNTY HOSPITAL TOTAL	24	71	\$	74,633.32	\$ 1051.17	.015	\$ 3109.72	\$ 15.42
CO HOSPITAL INPATIENT TOTAL	20	66		74,440.00	1127.88	.014	3722.00	15.38
HSC HOSPITALS	20	66		74,440.00	1127.88	.014	3722.00	15.38
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	5		193.32	38.66	.001	48.33	.04
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	4	5		193.32	38.66	.001	48.33	.04

4,840 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	344	1,994	\$ 1,704,090.82	\$ 854.61	.412	\$ 4953.75	\$ 352.08
COMM HOSP INPATIENT TOTAL	79	962	1,671,667.72	1737.70	.199	21160.35	345.39
HSC HOSPITALS	62	747	1,329,595.00	1779.91	.154	21445.08	274.71
NON-HSC HOSPITALS TOTAL	17	215	342,072.72	1591.04	.044	20121.92	70.68
ACCOMMODATIONS	17	215	180,008.77	837.25	.044	10588.75	37.19
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	214	179,777.47	840.08	.044	11236.09	37.14
ANCILLARIES	17	0	162,063.95	.00	.000	9533.17	33.48
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	271	1,032	32,423.10	31.42	.213	119.64	6.70
MEDICAL	71	99	7,849.27	79.29	.020	110.55	1.62
SURGERY	15	23	939.34	40.84	.005	62.62	.19
PATHOLOGY	92	417	3,792.00	9.09	.086	41.22	.78
RADIOLOGY	66	75	2,793.87	37.25	.015	42.33	.58
ROOM USE	232	286	10,825.27	37.85	.059	46.66	2.24
CROSSOVERS/ALL OTH OUTPTNT	86	132	6,223.35	47.15	.027	72.36	1.29
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	8	52	\$ 1,097.40	\$ 21.10	.011	\$ 137.18	\$.23
HOSPITAL BASED	4	5	503.36	100.67	.001	125.84	.10
INDEPENDENT FACILITY	4	47	594.04	12.64	.010	148.51	.12
@LABORATORY FACILITY	11	17	\$ 154.15	\$ 9.07	.004	\$ 14.01	\$.03
PATHOLOGY	11	17	154.15	9.07	.004	14.01	.03
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3,042	3,777	\$ 947,769.70	\$ 250.93	.780	\$ 311.56	\$ 195.82
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3,042	3,777	947,769.70	250.93	.780	311.56	195.82

4,840 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	59	609	\$ 12,069.23	\$ 19.82	.126	\$ 204.56	\$ 2.49

DURABLE MED. EQUIP.	9	21	1,318.30	62.78	.004	146.48	.27
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	47	580	10,428.36	17.98	.120	221.88	2.15
AMBULANCES/AIR TRANS	47	578	6,828.36	11.81	.119	145.28	1.41
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.000	1800.00	.74
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	55.00	55.00	.000	55.00	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	80.88	40.44	.000	80.88	.02
PROSTHETICS	1	2	80.88	40.44	.000	80.88	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	5	186.69	37.34	.001	93.35	.04
@CALIF. CHILDREN SERVICES*	197	2,152	\$ 1,661,669.04	\$ 772.15	.445	\$ 8434.87	\$ 343.32
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,945
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49	

						----- MONTHLY AVERAGE -----		
13,013 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	11,192	66,811	\$ 10,157,719.47	\$ 152.04	5.134	\$ 907.59	\$ 780.58	
@PHYSICIANS SERVICES	4,188	24,751	\$ 1,283,642.96	\$ 51.86	1.902	\$ 306.51	\$ 98.64	
OUTPATIENT VISITS	1,829	8,088	189,225.44	23.40	.622	103.46	14.54	
OFFICE VISITS	319	390	20,823.36	53.39	.030	65.28	1.60	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	893	940	50,211.80	53.42	.072	56.23	3.86	
PREVENTIVE CARE	3	3	125.35	41.78	.000	41.78	.01	
OB VISITS/COMPRE PERI	717	6,748	117,807.97	17.46	.519	164.31	9.05	
OTHER OUTPATIENT	6	7	256.96	36.71	.001	42.83	.02	
INPATIENT VISITS	1,329	4,362	268,821.34	61.63	.335	202.27	20.66	
HOSPITAL VISITS	1,286	3,571	135,512.09	37.95	.274	105.37	10.41	
CRITICAL CARE	90	790	133,244.24	168.66	.061	1480.49	10.24	
SNF/ICF/TRANS IP CARE	1	1	65.01	65.01	.000	65.01	.00	
OPHTHALMOLOGICAL SERVICES	7	7	307.14	43.88	.001	43.88	.02	
EXAMINATIONS	7	7	307.14	43.88	.001	43.88	.02	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	1,459	4,755	641,978.72	135.01	.365	440.01	49.33	
PRINCIPAL SURGEON	1,200	1,684	524,295.27	311.34	.129	436.91	40.29	
ASSISTANT SURGEON	179	179	29,162.40	162.92	.014	162.92	2.24	
ANESTHESIOLOGIST	504	2,892	88,521.05	30.61	.222	175.64	6.80	
OUTPATIENT SURGERY	317	671	36,322.75	54.13	.052	114.58	2.79	
PRINCIPAL SURGEON	297	501	30,637.02	61.15	.038	103.15	2.35	

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	85	170	5,685.73	33.45	.013	66.89	.44
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1,080	3,941	37,209.41	9.44	.303	34.45	2.86
RADIOLOGY	1,176	1,570	63,178.80	40.24	.121	53.72	4.86
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	125	321	4,532.90	14.12	.025	36.26	.35
OTHER SERVICES/ALL X-OVERS	789	1,036	42,066.46	40.60	.080	53.32	3.23
@PHARMACY	1,995	5,875	\$ 123,284.86	\$ 20.98	.451	\$ 61.80	\$ 9.47
PRESCRIPTION DRUGS	1,796	3,351	93,196.75	27.81	.258	51.89	7.16
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,796	3,351	93,196.75	27.81	.258	51.89	7.16
MEDICAL SUPPLIES	338	2,524	30,088.11	11.92	.194	89.02	2.31
@DENTIST	25	94	\$ 1,497.50	\$ 15.93	.007	\$ 59.90	\$.12
VISITS - DIAGNOSTIC	20	71	429.50	6.05	.005	21.48	.03
ORAL SURGERY	6	8	465.00	58.13	.001	77.50	.04

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	.00	.00	.000	.00	.00
ENDODONTICS	2	2	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	12	603.00	50.25	.001	201.00	.05
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,946
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	13,013 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	32	44	\$	2,399.24	\$ 54.53	.003	\$ 74.98	\$.18
NURSE ANESTHESIST	156	599	\$	18,052.85	\$ 30.14	.046	\$ 115.72	\$ 1.39
NURSE MIDWIFE	12	20	\$	2,051.96	\$ 102.60	.002	\$ 171.00	\$.16
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2,241	8,441	\$	5,003,180.87	\$ 592.72	.649	\$ 2232.57	\$ 384.48
HOSP INPATIENT TOTAL	1,233	3,942		4,900,285.51	1243.10	.303	3974.28	376.57
HSC HOSPITALS	1,083	3,191		4,045,040.45	1267.64	.245	3735.03	310.85
NON-HSC HOSPITAL TOTAL	157	746		854,405.06	1145.32	.057	5442.07	65.66
ACCOMMODATIONS	157	746		426,203.87	571.32	.057	2714.67	32.75
ADMINISTRATIVE DAYS	3	11		2,544.30	231.30	.001	848.10	.20
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	155	735		423,659.57	576.41	.056	2733.29	32.56
ANCILLARIES	156	0		428,201.19	.00	.000	2744.88	32.91
INPATIENT CROSSOVERS	1	5		840.00	168.00	.000	840.00	.06
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,175	4,499		102,895.36	22.87	.346	87.57	7.91
MEDICAL	103	127		5,474.09	43.10	.010	53.15	.42
SURGERY	79	132		3,294.30	24.96	.010	41.70	.25
PATHOLOGY	578	2,183		22,843.35	10.46	.168	39.52	1.76
RADIOLOGY	328	377		23,177.70	61.48	.029	70.66	1.78
ROOM USE	698	902		33,506.77	37.15	.069	48.00	2.57
CROSSOVERS/ALL OTH OUTPTNT	454	778		14,599.15	18.76	.060	32.16	1.12
@COUNTY HOSPITAL TOTAL	668	1,853	\$	1,884,059.69	\$ 1016.76	.142	\$ 2820.45	\$ 144.78
CO HOSPITAL INPATIENT TOTAL	633	1,643		1,878,671.46	1143.44	.126	2967.89	144.37
HSC HOSPITALS	633	1,643		1,878,671.46	1143.44	.126	2967.89	144.37
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	36	210	5,388.23	25.66	.016	149.67	.41
MEDICAL	3	3	41.79	13.93	.000	13.93	.00
SURGERY	15	20	543.72	27.19	.002	36.25	.04
PATHOLOGY	20	88	1,405.51	15.97	.007	70.28	.11
RADIOLOGY	1	2	116.09	58.05	.000	116.09	.01
ROOM USE	20	42	2,480.30	59.05	.003	124.02	.19
CROSSOVERS/ALL OTH OUTPTNT	23	55	800.82	14.56	.004	34.82	.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,947
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49						
13,013 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,590	6,588	\$ 3,119,121.18	\$ 473.45	.506	\$ 1961.71	\$ 239.69
COMM HOSP INPATIENT TOTAL	605	2,299	3,021,614.05	1314.32	.177	4994.40	232.20
HSC HOSPITALS	454	1,548	2,166,368.99	1399.46	.119	4771.74	166.48
NON-HSC HOSPITALS TOTAL	157	746	854,405.06	1145.32	.057	5442.07	65.66
ACCOMMODATIONS	157	746	426,203.87	571.32	.057	2714.67	32.75
ADMINISTRATIVE DAYS	3	11	2,544.30	231.30	.001	848.10	.20
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	155	735	423,659.57	576.41	.056	2733.29	32.56
ANCILLARIES	156	0	428,201.19	.00	.000	2744.88	32.91
INPATIENT CROSSOVERS	1	5	840.00	168.00	.000	840.00	.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,140	4,289	97,507.13	22.73	.330	85.53	7.49
MEDICAL	100	124	5,432.30	43.81	.010	54.32	.42
SURGERY	64	112	2,750.58	24.56	.009	42.98	.21
PATHOLOGY	559	2,095	21,437.84	10.23	.161	38.35	1.65
RADIOLOGY	327	375	23,061.61	61.50	.029	70.52	1.77
ROOM USE	678	860	31,026.47	36.08	.066	45.76	2.38
CROSSOVERS/ALL OTH OUTPTNT	432	723	13,798.33	19.08	.056	31.94	1.06
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,443	4,291	\$ 64,760.00	\$ 15.09	.330	\$ 44.88	\$ 4.98
PATHOLOGY	1,437	4,279	64,058.30	14.97	.329	44.58	4.92
XO AND OTHERS	12	12	701.70	58.48	.001	58.48	.05
@ORGANIZED OUTPATIENT CLINIC	6,870	20,588	\$ 3,556,157.98	\$ 172.73	1.582	\$ 517.64	\$ 273.28
CLINIC	1,683	9,627	262,948.78	27.31	.740	156.24	20.21

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5,317	10,961	3,293,209.20	300.45	.842	619.37	253.07

#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

PAGE 1,948 01/29/04

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
13,013 ELIGIBLES							
@ALL OTHER PROVIDERS	918	2,108	\$ 102,691.25	\$ 48.72	.162	\$ 111.86	\$ 7.89
DURABLE MED. EQUIP.	6	6	598.72	99.79	.000	99.79	.05
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	141	1,314	22,324.01	16.99	.101	158.33	1.72
AMBULANCES/AIR TRANS	141	1,311	16,924.01	12.91	.101	120.03	1.30
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	3	5,400.00	1800.00	.000	1800.00	.41
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	733	734	75,733.75	103.18	.056	103.32	5.82
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	46	54	3,995.45	73.99	.004	86.86	.31
PROSTHETICS	15	22	1,217.32	55.33	.002	81.15	.09
ORTHOTICS	31	32	2,778.13	86.82	.002	89.62	.21
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	39.32	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	59	983	\$ 780,604.05	\$ 794.10	.076	\$ 13230.58	\$ 59.99
@XOVER EXCLUDING STATE HOSP**	1	0	\$ 840.00	\$.00	.000	\$ 840.00	\$.06

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

PAGE 1,949 01/29/04

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
518 ELIGIBLES							
@TOTAL, ALL PROVIDERS	234	768	\$ 74,615.45	\$ 97.16	1.483	\$ 318.87	\$ 144.05
@PHYSICIANS SERVICES	43	137	\$ 6,181.38	\$ 45.12	.264	\$ 143.75	\$ 11.93
OUTPATIENT VISITS	20	50	1,447.66	28.95	.097	72.38	2.79
OFFICE VISITS	6	6	161.55	26.93	.012	26.93	.31
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	11	14	846.95	60.50	.027	77.00	1.64
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	30	439.16	14.64	.058	109.79	.85
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	5	11	738.48	67.13	.021	147.70	1.43
HOSPITAL VISITS	4	8	354.19	44.27	.015	88.55	.68
CRITICAL CARE	1	3	384.29	128.10	.006	384.29	.74

SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	27		3,189.62	118.13	.052	398.70	6.16
PRINCIPAL SURGEON	5	6		2,567.55	427.93	.012	513.51	4.96
ASSISTANT SURGEON	1	1		186.50	186.50	.002	186.50	.36
ANESTHESIOLOGIST	3	20		435.57	21.78	.039	145.19	.84
OUTPATIENT SURGERY	1	1		28.29	28.29	.002	28.29	.05
PRINCIPAL SURGEON	1	1		28.29	28.29	.002	28.29	.05
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	15	41		541.27	13.20	.079	36.08	1.04
RADIOLOGY	2	2		35.63	17.82	.004	17.82	.07
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		10.93	10.93	.002	10.93	.02
OTHER SERVICES/ALL X-OVERS	4	4		189.50	47.38	.008	47.38	.37
@PHARMACY	34	57	\$	1,727.53	30.31	.110	50.81	3.34
PRESCRIPTION DRUGS	32	53		1,657.92	31.28	.102	51.81	3.20
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	32	53		1,657.92	31.28	.102	51.81	3.20
MEDICAL SUPPLIES	3	4		69.61	17.40	.008	23.20	.13
@DENTIST	3	20	\$	.00	.00	.039	.00	.00
VISITS - DIAGNOSTIC	3	15		.00	.00	.029	.00	.00
ORAL SURGERY	1	1		.00	.00	.002	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	4		.00	.00	.008	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM							
					AID CODE 76			
						----- MONTHLY AVERAGE -----		
518 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	14	61	\$	26,875.68	\$	440.58	.118	\$	1919.69	\$	51.88
HOSP INPATIENT TOTAL	7	16		26,082.78		1630.17	.031		3726.11		50.35
HSC HOSPITALS	3	7		10,040.03		1434.29	.014		3346.68		19.38
NON-HSC HOSPITAL TOTAL	4	9		16,042.75		1782.53	.017		4010.69		30.97
ACCOMMODATIONS	4	9		3,885.80		431.76	.017		971.45		7.50
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	9		3,885.80		431.76	.017		971.45		7.50
ANCILLARIES	4	0		12,156.95		.00	.000		3039.24		23.47
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8	45		792.90		17.62	.087		99.11		1.53
MEDICAL	3	5		70.40		14.08	.010		23.47		.14
SURGERY	1	2		8.66CR		4.33CR	.004		8.66CR		.02CR
PATHOLOGY	4	20		149.88		7.49	.039		37.47		.29

RADIOLOGY	1	1	24.23	24.23	.002	24.23	.05
ROOM USE	8	10	487.37	48.74	.019	60.92	.94
CROSSOVERS/ALL OTH OUTPTNT	4	7	69.68	9.95	.014	17.42	.13
@COUNTY HOSPITAL TOTAL	3	15	\$ 5,006.90	\$ 333.79	.029	\$ 1668.97	\$ 9.67
CO HOSPITAL INPATIENT TOTAL	2	4	4,640.03	1160.01	.008	2320.02	8.96
HSC HOSPITALS	2	4	4,640.03	1160.01	.008	2320.02	8.96
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	11	366.87	33.35	.021	366.87	.71
MEDICAL	1	1	8.97	8.97	.002	8.97	.02
SURGERY	1	2	56.67	28.34	.004	56.67	.11
PATHOLOGY	1	1	50.03	50.03	.002	50.03	.10
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	3	209.07	69.69	.006	209.07	.40
CROSSOVERS/ALL OTH OUTPTNT	1	4	42.13	10.53	.008	42.13	.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						
	AID CODE 76						

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518 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	46	\$ 21,868.78	\$ 475.41	.089	\$ 1988.07	\$ 42.22
COMM HOSP INPATIENT TOTAL	5	12	21,442.75	1786.90	.023	4288.55	41.40
HSC HOSPITALS	1	3	5,400.00	1800.00	.006	5400.00	10.42
NON-HSC HOSPITALS TOTAL	4	9	16,042.75	1782.53	.017	4010.69	30.97
ACCOMMODATIONS	4	9	3,885.80	431.76	.017	971.45	7.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	9	3,885.80	431.76	.017	971.45	7.50
ANCILLARIES	4	0	12,156.95	.00	.000	3039.24	23.47
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	34	426.03	12.53	.066	60.86	.82
MEDICAL	2	4	61.43	15.36	.008	30.72	.12
SURGERY	0	0	65.33CR	.00	.000	.00	.13CR
PATHOLOGY	3	19	99.85	5.26	.037	33.28	.19
RADIOLOGY	1	1	24.23	24.23	.002	24.23	.05
ROOM USE	7	7	278.30	39.76	.014	39.76	.54
CROSSOVERS/ALL OTH OUTPTNT	3	3	27.55	9.18	.006	9.18	.05
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00

HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	34	57	\$ 1,400.62	\$ 24.57	.110	\$ 41.19	\$ 2.70
PATHOLOGY	34	57	1,400.62	24.57	.110	41.19	2.70
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	147	379	\$ 37,618.35	\$ 99.26	.732	\$ 255.91	\$ 72.62
CLINIC	66	282	7,249.01	25.71	.544	109.83	13.99
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	83	97	30,369.34	313.09	.187	365.90	58.63
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,952
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						AID CODE 76

518 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8	57	\$ 811.89	\$ 14.24	.110	\$ 101.49	\$ 1.57
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	55	800.01	14.55	.106	114.29	1.54
AMBULANCES/AIR TRANS	7	55	800.01	14.55	.106	114.29	1.54
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	11.88	5.94	.004	11.88	.02
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	7	\$ 5,865.68	\$ 837.95	.014	\$ 5865.68	\$ 11.32
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,953
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76						

18,371 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	15,660	77,512	\$ 13,163,628.22	\$ 169.83	4.219	\$ 840.59	\$ 716.54
@PHYSICIANS SERVICES	5,006	27,312	\$ 1,462,168.49	\$ 53.54	1.487	\$ 292.08	\$ 79.59

OUTPATIENT VISITS	2,436	8,938	223,074.96	24.96	.487	91.57	12.14
OFFICE VISITS	720	942	40,520.16	43.02	.051	56.28	2.21
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1,088	1,162	62,173.15	53.51	.063	57.14	3.38
PREVENTIVE CARE	15	15	594.68	39.65	.001	39.65	.03
OB VISITS/COMPRE PERI	721	6,778	118,247.13	17.45	.369	164.00	6.44
OTHER OUTPATIENT	36	41	1,539.84	37.56	.002	42.77	.08
INPATIENT VISITS	1,477	5,290	379,642.06	71.77	.288	257.04	20.67
HOSPITAL VISITS	1,412	3,980	156,414.28	39.30	.217	110.77	8.51
CRITICAL CARE	123	1,309	223,162.77	170.48	.071	1814.33	12.15
SNF/ICF/TRANS IP CARE	1	1	65.01	65.01	.000	65.01	.00
OPHTHALMOLOGICAL SERVICES	15	19	910.36	47.91	.001	60.69	.05
EXAMINATIONS	15	19	910.36	47.91	.001	60.69	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,483	5,010	654,819.05	130.70	.273	441.55	35.64
PRINCIPAL SURGEON	1,214	1,699	533,426.84	313.97	.092	439.40	29.04
ASSISTANT SURGEON	181	181	29,764.98	164.45	.010	164.45	1.62
ANESTHESIOLOGIST	515	3,130	91,627.23	29.27	.170	177.92	4.99
OUTPATIENT SURGERY	348	740	42,809.38	57.85	.040	123.02	2.33
PRINCIPAL SURGEON	322	529	35,735.54	67.55	.029	110.98	1.95
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	93	211	7,073.84	33.53	.011	76.06	.39
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1,145	4,103	38,279.86	9.33	.223	33.43	2.08
RADIOLOGY	1,263	1,687	70,765.62	41.95	.092	56.03	3.85
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	153	363	4,941.78	13.61	.020	32.30	.27
OTHER SERVICES/ALL X-OVERS	881	1,162	46,925.42	40.38	.063	53.26	2.55
@PHARMACY	2,474	6,898	\$ 142,734.62	\$ 20.69	.375	\$ 57.69	\$ 7.77
PRESCRIPTION DRUGS	2,262	4,205	111,316.69	26.47	.229	49.21	6.06
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2,262	4,205	111,316.69	26.47	.229	49.21	6.06
MEDICAL SUPPLIES	358	2,693	31,417.93	11.67	.147	87.76	1.71
@DENTIST	32	120	\$ 1,657.50	\$ 13.81	.007	\$ 51.80	\$.09
VISITS - DIAGNOSTIC	27	92	589.50	6.41	.005	21.83	.03
ORAL SURGERY	7	9	465.00	51.67	.000	66.43	.03
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	.00	.00	.000	.00	.00
ENDODONTICS	2	2	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	16	603.00	37.69	.001	120.60	.03
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,954
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76						
18,371 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.000	.00	.00
SURGERY/ANES.	0	0		.00		.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	0	0		.00		.000	.00	.00
@HOME HEALTH AGENCY	36	59	\$	3,522.14	\$	59.70	\$	97.84
NURSE ANESTHESIST	158	601	\$	18,182.25	\$	30.25	\$	115.08
NURSE MIDWIFE	12	20	\$	2,051.96	\$	102.60	\$	171.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$	.00
@TOTAL HOSPITAL	2,622	10,567	\$	6,808,780.69	\$	644.34	\$	2596.79
HOSP INPATIENT TOTAL	1,339	4,986		6,672,476.01		1338.24		4983.18
HSC HOSPITALS	1,168	4,011		5,459,115.48		1361.04		4673.90
NON-HSC HOSPITAL TOTAL	178	970		1,212,520.53		1250.02		6811.91
ACCOMMODATIONS	178	970		610,098.44		628.97		3427.52
ADMINISTRATIVE DAYS	4	12		2,775.60		231.30		693.90
TRANSITIONAL IP CARE	0	0		.00		.00		.00
ALL OTHER ACCOM	175	958		607,322.84		633.95		3470.42
ANCILLARIES	177	0		602,422.09		.00		3403.51
INPATIENT CROSSOVERS	1	5		840.00		168.00		840.00
ALL OTHER INPATIENT	0	0		.00		.00		.00
HOSP OUTPATIENT TOTAL	1,458	5,581		136,304.68		24.42		93.49
MEDICAL	177	231		13,393.76		57.98		75.67
SURGERY	95	157		4,224.98		26.91		44.47
PATHOLOGY	674	2,620		26,785.23		10.22		39.74
RADIOLOGY	395	453		25,995.80		57.39		65.81
ROOM USE	942	1,203		45,012.73		37.42		47.78
CROSSOVERS/ALL OTH OUTPTNT	544	917		20,892.18		22.78		38.40
@COUNTY HOSPITAL TOTAL	695	1,939	\$	1,963,699.91	\$	1012.74	\$	2825.47
CO HOSPITAL INPATIENT TOTAL	655	1,713		1,957,751.49		1142.88		2988.93
HSC HOSPITALS	655	1,713		1,957,751.49		1142.88		2988.93
NON-HSC HOSPITALS TOTAL	0	0		.00		.00		.00
ACCOMMODATIONS	0	0		.00		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00		.00
ALL OTHER ACCOM	0	0		.00		.00		.00
ANCILLARIES	0	0		.00		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00		.00
CO HOSP OUTPATIENT TOTAL	41	226		5,948.42		26.32		145.08
MEDICAL	4	4		50.76		12.69		12.69
SURGERY	16	22		600.39		27.29		37.52
PATHOLOGY	21	89		1,455.54		16.35		69.31
RADIOLOGY	1	2		116.09		58.05		116.09
ROOM USE	25	50		2,882.69		57.65		115.31
CROSSOVERS/ALL OTH OUTPTNT	24	59		842.95		14.29		35.12

#CALIF DEPT OF HEALTH SERV MOP024
CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

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	18,371 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,945	8,628	\$	4,845,080.78	\$ 561.55	.470	\$ 2491.04	\$ 263.74
COMM HOSP INPATIENT TOTAL	689	3,273		4,714,724.52	1440.49	.178	6842.85	256.64
HSC HOSPITALS	517	2,298		3,501,363.99	1523.66	.125	6772.46	190.59
NON-HSC HOSPITALS TOTAL	178	970		1,212,520.53	1250.02	.053	6811.91	66.00
ACCOMMODATIONS	178	970		610,098.44	628.97	.053	3427.52	33.21
ADMINISTRATIVE DAYS	4	12		2,775.60	231.30	.001	693.90	.15
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	175	958	607,322.84	633.95	.052	3470.42	33.06
ANCILLARIES	177	0	602,422.09	.00	.000	3403.51	32.79
INPATIENT CROSSOVERS	1	5	840.00	168.00	.000	840.00	.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,418	5,355	130,356.26	24.34	.291	91.93	7.10
MEDICAL	173	227	13,343.00	58.78	.012	77.13	.73
SURGERY	79	135	3,624.59	26.85	.007	45.88	.20
PATHOLOGY	654	2,531	25,329.69	10.01	.138	38.73	1.38
RADIOLOGY	394	451	25,879.71	57.38	.025	65.68	1.41
ROOM USE	917	1,153	42,130.04	36.54	.063	45.94	2.29
CROSSOVERS/ALL OTH OUTPTNT	521	858	20,049.23	23.37	.047	38.48	1.09
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	8	52	\$ 1,097.40	\$ 21.10	.003	\$ 137.18	\$.06
HOSPITAL BASED	4	5	503.36	100.67	.000	125.84	.03
INDEPENDENT FACILITY	4	47	594.04	12.64	.003	148.51	.03
@LABORATORY FACILITY	1,488	4,365	\$ 66,314.77	\$ 15.19	.238	\$ 44.57	\$ 3.61
PATHOLOGY	1,482	4,353	65,613.07	15.07	.237	44.27	3.57
XO AND OTHERS	12	12	701.70	58.48	.001	58.48	.04
@ORGANIZED OUTPATIENT CLINIC	10,059	24,744	\$ 4,541,546.03	\$ 183.54	1.347	\$ 451.49	\$ 247.21
CLINIC	1,749	9,909	270,197.79	27.27	.539	154.49	14.71
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	8,442	14,835	4,271,348.24	287.92	.808	505.96	232.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76						

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	18,371 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	985	2,774	\$	115,572.37	\$ 41.66	.151	\$ 117.33	\$ 6.29
DURABLE MED. EQUIP.	15	27		1,917.02	71.00	.001	127.80	.10
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	195	1,949		33,552.38	17.22	.106	172.06	1.83
AMBULANCES/AIR TRANS	195	1,944		24,552.38	12.63	.106	125.91	1.34
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	5	5		9,000.00	1800.00	.000	1800.00	.49
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	734	735		75,788.75	103.11	.040	103.25	4.13
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	47	56		4,076.33	72.79	.003	86.73	.22
PROSTHETICS	16	24		1,298.20	54.09	.001	81.14	.07
ORTHOTICS	31	32		2,778.13	86.82	.002	89.62	.15
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		39.32	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2		11.88	5.94	.000	11.88	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	5		186.69	37.34	.000	93.35	.01
@CALIF. CHILDREN SERVICES*	257	3,142	\$	2,448,138.77	\$ 779.17	.171	\$ 9525.83	\$ 133.26
@XOVER EXCLUDING STATE HOSP**	1	0	\$	840.00	\$.00	.000	\$ 840.00	\$.05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,957
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

2,473 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,008	149,393	\$ 1,053,077.54	\$ 7.05	60.410	\$ 524.44	\$ 425.83
@PHYSICIANS SERVICES	338	1,048	\$ 13,041.13	\$ 12.44	.424	\$ 38.58	\$ 5.27
OUTPATIENT VISITS	1	1	57.20	57.20	.000	57.20	.02
OFFICE VISITS	1	1	57.20	57.20	.000	57.20	.02
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	100.01	25.00	.002	25.00	.04
EXAMINATIONS	4	4	100.01	25.00	.002	25.00	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	334	1,043	12,883.92	12.35	.422	38.57	5.21
@PHARMACY	1,760	34,211	\$ 498,925.62	\$ 14.58	13.834	\$ 283.48	\$ 201.75
PRESCRIPTION DRUGS	1,740	7,793	474,254.69	60.86	3.151	272.56	191.77
SNF/ICF	66	551	25,692.94	46.63	.223	389.29	10.39
OUTPATIENTS	1,684	7,242	448,561.75	61.94	2.928	266.37	181.38
MEDICAL SUPPLIES	262	26,418	24,670.93	.93	10.683	94.16	9.98
@DENTIST	87	289	\$ 14,264.00	\$ 49.36	.117	\$ 163.95	\$ 5.77
VISITS - DIAGNOSTIC	56	188	2,242.00	11.93	.076	40.04	.91
ORAL SURGERY	12	14	813.00	58.07	.006	67.75	.33
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	3	3	300.00	100.00	.001	100.00	.12
PERIODONTICS	12	13	1,533.00	117.92	.005	127.75	.62
ENDODONTICS	1	1	215.00	215.00	.000	215.00	.09
RESTORATIVE DENTISTRY	12	32	2,781.00	86.91	.013	231.75	1.12
PROSTHETICS	2	2	80.00	40.00	.001	40.00	.03
DENTURES, STAYPLATES	17	31	6,300.00	203.23	.013	370.59	2.55
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	5	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,958
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

2,473 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	23	63	\$ 1,204.55	\$ 19.12	.025	\$ 52.37	\$.49
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.001	47.45	.06
EYE APPLIANCES	21	60	1,062.20	17.70	.024	50.58	.43
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	55	75	\$ 686.23	\$ 9.15	.030	\$ 12.48	\$.28
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	55	75	686.23	9.15	.030	12.48	.28
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	220	1,291	\$ 62,340.48	\$ 48.29	.522	\$ 283.37	\$ 25.21
HOSP INPATIENT TOTAL	51	284	44,281.37	155.92	.115	868.26	17.91
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	51	284	44,281.37	155.92	.115	868.26	17.91
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	178	1,007	18,059.11	17.93	.407	101.46	7.30
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	178	1,007	18,059.11	17.93	.407	101.46	7.30
@COUNTY HOSPITAL TOTAL	2	44	\$ 1,680.00	\$ 38.18	.018	\$ 840.00	\$.68
CO HOSPITAL INPATIENT TOTAL	2	44	1,680.00	38.18	.018	840.00	.68
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	44	1,680.00	38.18	.018	840.00	.68
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

2,473 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	218	1,247	\$ 60,660.48	\$ 48.65	.504	\$ 278.26	\$ 24.53
COMM HOSP INPATIENT TOTAL	49	240	42,601.37	177.51	.097	869.42	17.23
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	49	240	42,601.37	177.51	.097	869.42	17.23
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	178	1,007	18,059.11	17.93	.407	101.46	7.30
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	178	1,007	18,059.11	17.93	.407	101.46	7.30
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	75	1,570	\$ 241,403.56	\$ 153.76	.635	\$ 3218.71	\$ 97.62
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	75	1,570	241,403.56	153.76	.635	3218.71	97.62
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	11	12	\$ 9,075.21	\$ 756.27	.005	\$ 825.02	\$ 3.67
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	11	12	9,075.21	756.27	.005	825.02	3.67
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	2	\$ 17.86	\$ 8.93	.001	\$ 8.93	\$.01
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	2	2	17.86	8.93	.001	8.93	.01
@ORGANIZED OUTPATIENT CLINIC	231	456	\$ 70,185.84	\$ 153.92	.184	\$ 303.83	\$ 28.38
CLINIC	6	6	413.33	68.89	.002	68.89	.17
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	226	450	69,772.51	155.05	.182	308.73	28.21

#CALIF DEPT OF HEALTH SERV MOP024
CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED
AID CODE 16
PAGE 1,960
01/29/04

2,473 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	501	110,376	\$ 141,933.06	\$ 1.29	44.632	\$ 283.30	\$ 57.39
DURABLE MED. EQUIP.	25	114	13,921.48	122.12	.046	556.86	5.63
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	4	299.79	74.95	.002	99.93	.12
MEDICAL TRANSPORTATION	40	388	2,310.17	5.95	.157	57.75	.93

AMBULANCES/AIR TRANS	5	25	517.53	20.70	.010	103.51	.21
OTHER TRANS	34	355	1,749.70	4.93	.144	51.46	.71
OTHER SERVICES	4	8	42.94	5.37	.003	10.74	.02
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	54	713	49,658.97	69.65	.288	919.61	20.08
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	45	947	42,888.93	45.29	.383	953.09	17.34
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	45	110	1,351.00	12.28	.044	30.02	.55
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	7	63.90	9.13	.003	15.98	.03
PROSTHETIST/ORTHOTISTS	7	20	471.40	23.57	.008	67.34	.19
PROSTHETICS	7	20	471.40	23.57	.008	67.34	.19
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	20	38	3,754.70	98.81	.015	187.74	1.52

HOSPICE SERVICES	4	12	357.10	29.76	.005	89.28	.14
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	333	108,023	26,855.62	.25	43.681	80.65	10.86
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	766	11,425	\$ 139,725.37	\$ 12.23	4.620	\$ 182.41	\$ 56.50

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,961
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

85 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	63	3,756	\$ 36,131.94	\$ 9.62	44.188	\$ 573.52	\$ 425.08
@PHYSICIANS SERVICES	9	53	\$ 895.19	\$ 16.89	.624	\$ 99.47	\$ 10.53
OUTPATIENT VISITS	1	3	129.85	43.28	.035	129.85	1.53
OFFICE VISITS	1	2	61.50	30.75	.024	61.50	.72
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.012	68.35	.80
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	8	337.80	42.23	.094	112.60	3.97
HOSPITAL VISITS	3	8	337.80	42.23	.094	112.60	3.97
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.012	57.79	.68
EXAMINATIONS	1	1	57.79	57.79	.012	57.79	.68
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	28	51.34	1.83	.329	51.34	.60
RADIOLOGY	1	5	160.38	32.08	.059	160.38	1.89
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	8	158.03	19.75	.094	31.61	1.86
@PHARMACY	47	3,197	\$ 8,234.54	\$ 2.58	37.612	\$ 175.20	\$ 96.88
PRESCRIPTION DRUGS	46	114	7,038.66	61.74	1.341	153.01	82.81
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	46	114	7,038.66	61.74	1.341	153.01	82.81
MEDICAL SUPPLIES	8	3,083	1,195.88	.39	36.271	149.49	14.07
@DENTIST	5	22	\$ 1,526.00	\$ 69.36	.259	\$ 305.20	\$ 17.95
VISITS - DIAGNOSTIC	4	6	54.00	9.00	.071	13.50	.64
ORAL SURGERY	2	5	580.00	116.00	.059	290.00	6.82
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.012	100.00	1.18
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	2	10	792.00	79.20	.118	396.00	9.32
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,962
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
					----- MONTHLY AVERAGE -----		
85 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4 \$	75.20	\$ 18.80	.047	\$ 75.20	\$.88
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.012	47.45	.56
EYE APPLIANCES	1	3	27.75	9.25	.035	27.75	.33
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	22 \$	9,080.45	\$ 412.75	.259	\$ 4540.23	\$ 106.83
HOSP INPATIENT TOTAL	1	8	8,520.00	1065.00	.094	8520.00	100.24
HSC HOSPITALS	1	8	8,520.00	1065.00	.094	8520.00	100.24
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	14	560.45	40.03	.165	560.45	6.59
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	14	560.45	40.03	.165	560.45	6.59
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,963
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
					----- MONTHLY AVERAGE -----		
85 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	22	\$ 9,080.45	\$ 412.75	.259	\$ 4540.23	\$ 106.83
COMM HOSP INPATIENT TOTAL	1	8	8,520.00	1065.00	.094	8520.00	100.24
HSC HOSPITALS	1	8	8,520.00	1065.00	.094	8520.00	100.24
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	14	560.45	40.03	.165	560.45	6.59
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	14	560.45	40.03	.165	560.45	6.59
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	3	\$ 44.77	\$ 14.92	.035	\$ 44.77	\$.53
PATHOLOGY	1	3	44.77	14.92	.035	44.77	.53
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	12	12	\$ 2,104.08	\$ 175.34	.141	\$ 175.34	\$ 24.75
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	12	12	2,104.08	175.34	.141	175.34	24.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,964

85 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8	443	\$ 14,171.71	\$ 31.99	5.212	\$ 1771.46	\$ 166.73
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	6	440	13,132.64	29.85	5.176	2188.77	154.50
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	15.02	7.51	.024	15.02	.18
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	1,024.05	1024.05	.012	1024.05	12.05
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	7	23	\$ 802.98	\$ 34.91	.271	\$ 114.71	\$ 9.45

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

PAGE 1,965
01/29/04

3,594 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,591	145,598	\$ 1,390,463.03	\$ 9.55	40.511	\$ 536.65	\$ 386.88
@PHYSICIANS SERVICES	353	934	\$ 10,890.75	\$ 11.66	.260	\$ 30.85	\$ 3.03
OUTPATIENT VISITS	11	13	485.95	37.38	.004	44.18	.14
OFFICE VISITS	8	9	283.80	31.53	.003	35.48	.08
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	4	202.15	50.54	.001	67.38	.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	4	213.81	53.45	.001	71.27	.06
HOSPITAL VISITS	3	4	213.81	53.45	.001	71.27	.06
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.000	46.44	.01
EXAMINATIONS	1	1	46.44	46.44	.000	46.44	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	6	23	754.77	32.82	.006	125.80	.21
PRINCIPAL SURGEON	4	5	375.93	75.19	.001	93.98	.10
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	18	378.84	21.05	.005	189.42	.11
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	6.46	6.46	.000	6.46	.00
RADIOLOGY	4	5	61.54	12.31	.001	15.39	.02
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	339	887	9,321.78	10.51	.247	27.50	2.59
@PHARMACY	2,237	70,424	\$ 870,616.05	\$ 12.36	19.595	\$ 389.19	\$ 242.24
PRESCRIPTION DRUGS	2,197	9,704	844,880.19	87.07	2.700	384.56	235.08

SNF/ICF	35	234		16,662.07		71.21	.065	476.06	4.64
OUTPATIENTS	2,175	9,470		828,218.12		87.46	2.635	380.79	230.44
MEDICAL SUPPLIES	252	60,720		25,735.86		.42	16.895	102.13	7.16
@DENTIST	188	914	\$	37,185.75	\$	40.68	.254	197.80	10.35
VISITS - DIAGNOSTIC	122	574		5,357.50		9.33	.160	43.91	1.49
ORAL SURGERY	18	75		3,517.25		46.90	.021	195.40	.98
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	27	27		3,838.00		142.15	.008	142.15	1.07
ENDODONTICS	6	10		2,255.00		225.50	.003	375.83	.63
RESTORATIVE DENTISTRY	61	172		16,166.00		93.99	.048	265.02	4.50
PROSTHETICS	2	2		80.00		40.00	.001	40.00	.02
DENTURES, STAYPLATES	18	44		5,972.00		135.73	.012	331.78	1.66
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	6	10		.00		.00	.003	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

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3,594 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	52	148	\$ 2,610.94	\$ 17.64	.041	\$ 50.21	\$.73
DIAGNOSTIC AND ANC. PROCED	6	6	283.69	47.28	.002	47.28	.08
EYE APPLIANCES	43	128	2,101.70	16.42	.036	48.88	.58
OTHER OPTOMETRIC SERVICES	7	14	225.55	16.11	.004	32.22	.06
@CHIROPRACTOR	5	11	\$ 179.74	\$ 16.34	.003	\$ 35.95	\$.05
VISITS	5	11	179.74	16.34	.003	35.95	.05
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	19	32	\$ 674.22	\$ 21.07	.009	\$ 35.49	\$.19
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	19	32	674.22	21.07	.009	35.49	.19
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	262	1,730	\$ 78,977.04	\$ 45.65	.481	\$ 301.44	\$ 21.97
HOSP INPATIENT TOTAL	46	293	51,220.95	174.82	.082	1113.50	14.25
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	1	2,030.48	2030.48	.000	2030.48	.56
ACCOMMODATIONS	1	1	276.00	276.00	.000	276.00	.08
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	276.00	276.00	.000	276.00	.08
ANCILLARIES	1	0	1,754.48	.00	.000	1754.48	.49
INPATIENT CROSSOVERS	45	292	49,190.47	168.46	.081	1093.12	13.69
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	229	1,437	27,756.09	19.32	.400	121.21	7.72
MEDICAL	1	1	20.39	20.39	.000	20.39	.01
SURGERY	1	1	67.17	67.17	.000	67.17	.02
PATHOLOGY	3	7	104.64	14.95	.002	34.88	.03
RADIOLOGY	2	2	39.24	19.62	.001	19.62	.01
ROOM USE	3	5	259.37	51.87	.001	86.46	.07
CROSSOVERS/ALL OTH OUTPTNT	222	1,421	27,265.28	19.19	.395	122.82	7.59
@COUNTY HOSPITAL TOTAL	10	103	\$ 6,755.22	\$ 65.58	.029	\$ 675.52	\$ 1.88

CO HOSPITAL INPATIENT TOTAL	8	99	6,692.00	67.60	.028	836.50	1.86
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	8	99	6,692.00	67.60	.028	836.50	1.86
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	4	63.22	15.81	.001	31.61	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	4	63.22	15.81	.001	31.61	.02

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	3,594 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	252	1,627	\$	72,221.82	\$ 44.39	.453	\$ 286.59	\$ 20.10
COMM HOSP INPATIENT TOTAL	38	194		44,528.95	229.53	.054	1171.81	12.39
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	1		2,030.48	2030.48	.000	2030.48	.56
ACCOMMODATIONS	1	1		276.00	276.00	.000	276.00	.08
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1		276.00	276.00	.000	276.00	.08
ANCILLARIES	1	0		1,754.48	.00	.000	1754.48	.49
INPATIENT CROSSOVERS	37	193		42,498.47	220.20	.054	1148.61	11.82
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	227	1,433		27,692.87	19.33	.399	122.00	7.71
MEDICAL	1	1		20.39	20.39	.000	20.39	.01
SURGERY	1	1		67.17	67.17	.000	67.17	.02
PATHOLOGY	3	7		104.64	14.95	.002	34.88	.03
RADIOLOGY	2	2		39.24	19.62	.001	19.62	.01
ROOM USE	3	5		259.37	51.87	.001	86.46	.07
CROSSOVERS/ALL OTH OUTPTNT	220	1,417		27,202.06	19.20	.394	123.65	7.57
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	13	161	\$	37,373.36	\$ 232.13	.045	\$ 2874.87	\$ 10.40
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	3	90		12,312.00	136.80	.025	4104.00	3.43
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	10	71		25,061.36	352.98	.020	2506.14	6.97
@INTERMEDIATE CARE FACIL.-DD	25	995	\$	160,522.16	\$ 161.33	.277	\$ 6420.89	\$ 44.66
ICF DDH	14	632		94,169.39	149.00	.176	6726.39	26.20
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	11	363		66,352.77	182.79	.101	6032.07	18.46
@HEMODIALYSIS TOTAL	22	24	\$	11,933.52	\$ 497.23	.007	\$ 542.43	\$ 3.32
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	22	24		11,933.52	497.23	.007	542.43	3.32
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	2	\$	40.58	\$	20.29	.001	\$ 20.29	\$.01
PATHOLOGY	2	2		40.58		20.29	.001	20.29	.01
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	498	880	\$	129,644.45	\$	147.32	.245	\$ 260.33	\$ 36.07
CLINIC	15	25		1,183.15		47.33	.007	78.88	.33
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	484	855		128,461.30		150.25	.238	265.42	35.74
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3,594 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	370	69,343	\$ 49,814.47	\$.72	19.294	\$ 134.63	\$ 13.86
DURABLE MED. EQUIP.	15	44	6,494.66	147.61	.012	432.98	1.81
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	3	294.79	98.26	.001	294.79	.08
MEDICAL TRANSPORTATION	20	1,107	5,789.99	5.23	.308	289.50	1.61
AMBULANCES/AIR TRANS	5	63	759.33	12.05	.018	151.87	.21
OTHER TRANS	12	1,015	4,846.47	4.77	.282	403.87	1.35
OTHER SERVICES	3	29	184.19	6.35	.008	61.40	.05
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	3	27	1,889.10	69.97	.008	629.70	.53
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	10	26	5,192.85	199.73	.007	519.29	1.44
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	77	178	2,368.69	13.31	.050	30.76	.66
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	11	205.99	18.73	.003	68.66	.06
PROSTHETICS	3	11	205.99	18.73	.003	68.66	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	7	17	175.99	10.35	.005	25.14	.05
SPEECH AND AUDIOLOGY	84	254	10,582.00	41.66	.071	125.98	2.94
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	13	140.20	10.78	.004	70.10	.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	174	67,663	16,680.21	.25	18.827	95.86	4.64
@CALIF. CHILDREN SERVICES*	7	12	\$ 237.00	\$ 19.75	.003	\$ 33.86	\$.07
@XOVER EXCLUDING STATE HOSP**	670	4,137	\$ 127,515.82	\$ 30.82	1.151	\$ 190.32	\$ 35.48

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,970
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CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED						

					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,971
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$.00
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,972
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,973
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT

SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

6,152 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	4,662	298,747	\$ 2,479,672.51	\$ 8.30	48.561	\$ 531.89	\$ 403.07
@PHYSICIANS SERVICES	700	2,035	\$ 24,827.07	\$ 12.20	.331	\$ 35.47	\$ 4.04
OUTPATIENT VISITS	13	17	673.00	39.59	.003	51.77	.11
OFFICE VISITS	10	12	402.50	33.54	.002	40.25	.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	5	270.50	54.10	.001	67.63	.04
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	12	551.61	45.97	.002	91.94	.09
HOSPITAL VISITS	6	12	551.61	45.97	.002	91.94	.09
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	6	204.24	34.04	.001	34.04	.03
EXAMINATIONS	6	6	204.24	34.04	.001	34.04	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	6	23	754.77	32.82	.004	125.80	.12
PRINCIPAL SURGEON	4	5	375.93	75.19	.001	93.98	.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	18	378.84	21.05	.003	189.42	.06
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	29	57.80	1.99	.005	28.90	.01
RADIOLOGY	5	10	221.92	22.19	.002	44.38	.04
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	678	1,938	22,363.73	11.54	.315	32.98	3.64
@PHARMACY	4,044	107,832	\$ 1,377,776.21	\$ 12.78	17.528	\$ 340.70	\$ 223.96
PRESCRIPTION DRUGS	3,983	17,611	1,326,173.54	75.30	2.863	332.96	215.57
SNF/ICF	101	785	42,355.01	53.96	.128	419.36	6.88
OUTPATIENTS	3,905	16,826	1,283,818.53	76.30	2.735	328.76	208.68
MEDICAL SUPPLIES	522	90,221	51,602.67	.57	14.665	98.86	8.39
@DENTIST	280	1,225	\$ 52,975.75	\$ 43.25	.199	\$ 189.20	\$ 8.61
VISITS - DIAGNOSTIC	182	768	7,653.50	9.97	.125	42.05	1.24
ORAL SURGERY	32	94	4,910.25	52.24	.015	153.45	.80
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	4	4	400.00	100.00	.001	100.00	.07
PERIODONTICS	39	40	5,371.00	134.28	.007	137.72	.87
ENDODONTICS	7	11	2,470.00	224.55	.002	352.86	.40
RESTORATIVE DENTISTRY	75	214	19,739.00	92.24	.035	263.19	3.21
PROSTHETICS	4	4	160.00	40.00	.001	40.00	.03
DENTURES, STAYPLATES	35	75	12,272.00	163.63	.012	350.63	1.99
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	10	15	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

PAGE 1,974
01/29/04

6,152 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAY

----- MONTHLY AVERAGE -----
UNITS/DAYS COST PER
PER ELIG USER

COST PER
ELIGIBLE

@OPTOMETRIST	76	215	\$	3,890.69	\$	18.10	.035	\$	51.19	\$	.63
DIAGNOSTIC AND ANC. PROCED	10	10		473.49		47.35	.002		47.35		.08
EYE APPLIANCES	65	191		3,191.65		16.71	.031		49.10		.52
OTHER OPTOMETRIC SERVICES	7	14		225.55		16.11	.002		32.22		.04
@CHIROPRACTOR	5	11	\$	179.74	\$	16.34	.002	\$	35.95	\$	.03
VISITS	5	11		179.74		16.34	.002		35.95		.03
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	74	107	\$	1,360.45	\$	12.71	.017	\$	18.38	\$	.22
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	74	107		1,360.45		12.71	.017		18.38		.22
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	484	3,043	\$	150,397.97	\$	49.42	.495	\$	310.74	\$	24.45
HOSP INPATIENT TOTAL	98	585		104,022.32		177.82	.095		1061.45		16.91
HSC HOSPITALS	1	8		8,520.00		1065.00	.001		8520.00		1.38
NON-HSC HOSPITAL TOTAL	1	1		2,030.48		2030.48	.000		2030.48		.33
ACCOMMODATIONS	1	1		276.00		276.00	.000		276.00		.04
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		276.00		276.00	.000		276.00		.04
ANCILLARIES	1	0		1,754.48		.00	.000		1754.48		.29
INPATIENT CROSSOVERS	96	576		93,471.84		162.28	.094		973.67		15.19
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	408	2,458		46,375.65		18.87	.400		113.67		7.54
MEDICAL	1	1		20.39		20.39	.000		20.39		.00
SURGERY	1	1		67.17		67.17	.000		67.17		.01
PATHOLOGY	3	7		104.64		14.95	.001		34.88		.02
RADIOLOGY	2	2		39.24		19.62	.000		19.62		.01
ROOM USE	3	5		259.37		51.87	.001		86.46		.04
CROSSOVERS/ALL OTH OUTPTNT	401	2,442		45,884.84		18.79	.397		114.43		7.46
@COUNTY HOSPITAL TOTAL	12	147	\$	8,435.22	\$	57.38	.024	\$	702.94	\$	1.37
CO HOSPITAL INPATIENT TOTAL	10	143		8,372.00		58.55	.023		837.20		1.36
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	10	143		8,372.00		58.55	.023		837.20		1.36
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	4		63.22		15.81	.001		31.61		.01
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	4		63.22		15.81	.001		31.61		.01

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
6,152 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	472	2,896	\$ 141,962.75	\$ 49.02	.471	\$ 300.77	\$ 23.08

----- MONTHLY AVERAGE -----

COMM HOSP INPATIENT TOTAL	88	442	95,650.32	216.40	.072	1086.94	15.55
HSC HOSPITALS	1	8	8,520.00	1065.00	.001	8520.00	1.38
NON-HSC HOSPITALS TOTAL	1	1	2,030.48	2030.48	.000	2030.48	.33
ACCOMMODATIONS	1	1	276.00	276.00	.000	276.00	.04
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	276.00	276.00	.000	276.00	.04
ANCILLARIES	1	0	1,754.48	.00	.000	1754.48	.29
INPATIENT CROSSOVERS	86	433	85,099.84	196.54	.070	989.53	13.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	406	2,454	46,312.43	18.87	.399	114.07	7.53
MEDICAL	1	1	20.39	20.39	.000	20.39	.00
SURGERY	1	1	67.17	67.17	.000	67.17	.01
PATHOLOGY	3	7	104.64	14.95	.001	34.88	.02
RADIOLOGY	2	2	39.24	19.62	.000	19.62	.01
ROOM USE	3	5	259.37	51.87	.001	86.46	.04

CROSSOVERS/ALL OTH OUTPTNT	399	2,438		45,821.62		18.79	.396	114.84	7.45
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	88	1,731	\$	278,776.92	\$	161.05	.281	\$ 3167.92	\$ 45.31
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	3	90		12,312.00		136.80	.015	4104.00	2.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	85	1,641		266,464.92		162.38	.267	3134.88	43.31
@INTERMEDIATE CARE FACIL.-DD	25	995	\$	160,522.16	\$	161.33	.162	\$ 6420.89	\$ 26.09
ICF DDH	14	632		94,169.39		149.00	.103	6726.39	15.31
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	11	363		66,352.77		182.79	.059	6032.07	10.79
@HEMODIALYSIS TOTAL	33	36	\$	21,008.73	\$	583.58	.006	\$ 636.63	\$ 3.41
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	33	36		21,008.73		583.58	.006	636.63	3.41
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	5	7	\$	103.21	\$	14.74	.001	\$ 20.64	\$.02
PATHOLOGY	3	5		85.35		17.07	.001	28.45	.01
XO AND OTHERS	2	2		17.86		8.93	.000	8.93	.00
@ORGANIZED OUTPATIENT CLINIC	741	1,348	\$	201,934.37	\$	149.80	.219	\$ 272.52	\$ 32.82
CLINIC	21	31		1,596.48		51.50	.005	76.02	.26
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	722	1,317		200,337.89		152.12	.214	277.48	32.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 1,976
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL								

6,152 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	879	180,162	\$ 205,919.24	\$ 1.14	29.285	\$ 234.27	\$ 33.47
DURABLE MED. EQUIP.	40	158	20,416.14	129.22	.026	510.40	3.32
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	7	594.58	84.94	.001	148.65	.10
MEDICAL TRANSPORTATION	60	1,495	8,100.16	5.42	.243	135.00	1.32
AMBULANCES/AIR TRANS	10	88	1,276.86	14.51	.014	127.69	.21
OTHER TRANS	46	1,370	6,596.17	4.81	.223	143.40	1.07
OTHER SERVICES	7	37	227.13	6.14	.006	32.45	.04
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	57	740	51,548.07	69.66	.120	904.35	8.38
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	61	1,413	61,214.42	43.32	.230	1003.52	9.95
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	123	290	3,734.71	12.88	.047	30.36	.61
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	7	63.90	9.13	.001	15.98	.01
PROSTHETIST/ORTHOTISTS	10	31	677.39	21.85	.005	67.74	.11
PROSTHETICS	10	31	677.39	21.85	.005	67.74	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	7	17	175.99	10.35	.003	25.14	.03
SPEECH AND AUDIOLOGY	105	293	15,360.75	52.43	.048	146.29	2.50
HOSPICE SERVICES	4	12	357.10	29.76	.002	89.28	.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	13	140.20	10.78	.002	70.10	.02
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	507	175,686	43,535.83	.25	28.558	85.87	7.08
@CALIF. CHILDREN SERVICES*	7	12	\$ 237.00	\$ 19.75	.002	\$ 33.86	\$.04
@XOVER EXCLUDING STATE HOSP**	1,443	15,585	\$ 268,044.17	\$ 17.20	2.533	\$ 185.75	\$ 43.57

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 1,977

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

AID CODE 18

6,002 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,735	440,441	\$ 2,610,100.56	\$ 5.93	73.382	\$ 551.24	\$ 434.87
@PHYSICIANS SERVICES	670	2,579	\$ 29,014.78	\$ 11.25	.430	\$ 43.31	\$ 4.83
OUTPATIENT VISITS	53	74	2,932.94	39.63	.012	55.34	.49
OFFICE VISITS	39	52	1,607.00	30.90	.009	41.21	.27
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	11	1,045.94	95.09	.002	116.22	.17
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	11	280.00	25.45	.002	35.00	.05
INPATIENT VISITS	11	50	2,135.35	42.71	.008	194.12	.36
HOSPITAL VISITS	9	47	1,958.75	41.68	.008	217.64	.33
CRITICAL CARE	1	1	121.60	121.60	.000	121.60	.02
SNF/ICF/TRANS IP CARE	2	2	55.00	27.50	.000	27.50	.01
OPHTHALMOLOGICAL SERVICES	6	6	230.04	38.34	.001	38.34	.04
EXAMINATIONS	6	6	230.04	38.34	.001	38.34	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2	836.98	418.49	.000	418.49	.14
PRINCIPAL SURGEON	2	2	836.98	418.49	.000	418.49	.14
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	9	156.78	17.42	.001	78.39	.03
PRINCIPAL SURGEON	1	1	10.80	10.80	.000	10.80	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	145.98	18.25	.001	145.98	.02
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	100	393.48	3.93	.017	49.19	.07
RADIOLOGY	17	38	1,338.80	35.23	.006	78.75	.22
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	615	2,300	20,990.41	9.13	.383	34.13	3.50
@PHARMACY	3,979	101,261	\$ 1,077,973.03	\$ 10.65	16.871	\$ 270.92	\$ 179.60
PRESCRIPTION DRUGS	3,813	16,705	1,004,684.62	60.14	2.783	263.49	167.39
SNF/ICF	114	859	46,514.12	54.15	.143	408.02	7.75
OUTPATIENTS	3,722	15,846	958,170.50	60.47	2.640	257.43	159.64
MEDICAL SUPPLIES	740	84,556	73,288.41	.87	14.088	99.04	12.21
@DENTIST	195	708	\$ 50,020.00	\$ 70.65	.118	\$ 256.51	\$ 8.33
VISITS - DIAGNOSTIC	106	289	4,453.00	15.41	.048	42.01	.74
ORAL SURGERY	37	179	8,572.00	47.89	.030	231.68	1.43
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.02
PERIODONTICS	8	7	1,091.00	155.86	.001	136.38	.18
ENDODONTICS	6	12	2,785.00	232.08	.002	464.17	.46
RESTORATIVE DENTISTRY	21	58	6,201.00	106.91	.010	295.29	1.03
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	67	157	26,818.00	170.82	.026	400.27	4.47
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	5	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,978
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED						
				AID CODE 18			
					----- MONTHLY AVERAGE -----		
6,002 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	31	91	\$ 1,815.60	\$ 19.95	.015	\$ 58.57	\$.30
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.000	47.45	.02
EYE APPLIANCES	26	77	1,613.92	20.96	.013	62.07	.27
OTHER OPTOMETRIC SERVICES	6	12	106.78	8.90	.002	17.80	.02
@CHIROPRACTOR	0	0	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	66	109	\$ 1,059.75	\$ 9.72	.018	\$ 16.06	\$.18
MEDICINE/INJECTIONS	2	2	42.80	21.40	.000	21.40	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	64	107	1,016.95	9.50	.018	15.89	.17
@HOME HEALTH AGENCY	4	23	\$ 1,608.45	\$ 69.93	.004	\$ 402.11	\$.27
NURSE ANESTHESIST	0	0	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	389	2,946	\$ 238,795.39	\$ 81.06	.491	\$ 613.87	\$ 39.79
HOSP INPATIENT TOTAL	116	828	204,161.22	246.57	.138	1760.01	34.02
HSC HOSPITALS	5	24	6,720.00	280.00	.004	1344.00	1.12
NON-HSC HOSPITAL TOTAL	6	54	106,689.49	1975.73	.009	17781.58	17.78
ACCOMMODATIONS	6	54	43,546.61	806.42	.009	7257.77	7.26
ADMINISTRATIVE DAYS	2	13	3,006.90	231.30	.002	1503.45	.50
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	41	40,539.71	988.77	.007	10134.93	6.75
ANCILLARIES	6	0	63,142.88	.00	.000	10523.81	10.52
INPATIENT CROSSOVERS	105	750	90,751.73	121.00	.125	864.30	15.12
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	287	2,118	34,634.17	16.35	.353	120.68	5.77
MEDICAL	20	39	940.10	24.11	.006	47.01	.16
SURGERY	1	1	9.11	9.11	.000	9.11	.00
PATHOLOGY	24	112	1,177.06	10.51	.019	49.04	.20
RADIOLOGY	12	15	667.27	44.48	.002	55.61	.11
ROOM USE	21	36	1,237.07	34.36	.006	58.91	.21
CROSSOVERS/ALL OTH OUTPTNT	264	1,915	30,603.56	15.98	.319	115.92	5.10
@COUNTY HOSPITAL TOTAL	7	56	\$ 8,948.70	\$ 159.80	.009	\$ 1278.39	\$ 1.49
CO HOSPITAL INPATIENT TOTAL	4	42	8,630.04	205.48	.007	2157.51	1.44
HSC HOSPITALS	1	6	6,720.00	1120.00	.001	6720.00	1.12
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	36	1,910.04	53.06	.006	636.68	.32
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	14	318.66	22.76	.002	106.22	.05
MEDICAL	2	3	159.82	53.27	.000	79.91	.03
SURGERY	1	1	9.11	9.11	.000	9.11	.00
PATHOLOGY	1	1	25.39	25.39	.000	25.39	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	72.22	36.11	.000	36.11	.01
CROSSOVERS/ALL OTH OUTPTNT	2	7	52.12	7.45	.001	26.06	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,979
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

6,002 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	383	2,890	\$ 229,846.69	\$ 79.53	.482	\$ 600.12	\$ 38.30
COMM HOSP INPATIENT TOTAL	112	786	195,531.18	248.77	.131	1745.81	32.58
HSC HOSPITALS	4	18	.00	.00	.003	.00	.00
NON-HSC HOSPITALS TOTAL	6	54	106,689.49	1975.73	.009	17781.58	17.78
ACCOMMODATIONS	6	54	43,546.61	806.42	.009	7257.77	7.26
ADMINISTRATIVE DAYS	2	13	3,006.90	231.30	.002	1503.45	.50
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	41	40,539.71	988.77	.007	10134.93	6.75
ANCILLARIES	6	0	63,142.88	.00	.000	10523.81	10.52
INPATIENT CROSSOVERS	102	714	88,841.69	124.43	.119	871.00	14.80
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	285	2,104	34,315.51	16.31	.351	120.41	5.72
MEDICAL	19	36	780.28	21.67	.006	41.07	.13
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	23	111	1,151.67	10.38	.018	50.07	.19
RADIOLOGY	12	15	667.27	44.48	.002	55.61	.11
ROOM USE	20	34	1,164.85	34.26	.006	58.24	.19
CROSSOVERS/ALL OTH OUTPTNT	262	1,908	30,551.44	16.01	.318	116.61	5.09
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	178	3,194	\$ 519,732.46	\$ 162.72	.532	\$ 2919.85	\$ 86.59
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	178	3,194	519,732.46	162.72	.532	2919.85	86.59
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	104	307	\$ 63,139.65	\$ 205.67	.051	\$ 607.11	\$ 10.52
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	104	307	63,139.65	205.67	.051	607.11	10.52
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	11	59	\$ 474.85	\$ 8.05	.010	\$ 43.17	\$.08
PATHOLOGY	10	57	465.33	8.16	.009	46.53	.08
XO AND OTHERS	1	2	9.52	4.76	.000	9.52	.00
@ORGANIZED OUTPATIENT CLINIC	519	995	\$ 156,379.14	\$ 157.16	.166	\$ 301.31	\$ 26.05
CLINIC	13	14	577.60	41.26	.002	44.43	.10
SURGICENTER	7	11	1,424.55	129.50	.002	203.51	.24
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	500	970	154,376.99	159.15	.162	308.75	25.72

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,980
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

6,002 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,297	328,169	\$	470,087.46	\$ 1.43	54.677	\$ 362.44	\$ 78.32
DURABLE MED. EQUIP.	60	220		28,260.48	128.46	.037	471.01	4.71
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	5		3,291.22	658.24	.001	822.81	.55
MEDICAL TRANSPORTATION	128	9,193		39,126.64	4.26	1.532	305.68	6.52
AMBULANCES/AIR TRANS	26	148		3,025.00	20.44	.025	116.35	.50
OTHER TRANS	100	9,019		35,832.52	3.97	1.503	358.33	5.97
OTHER SERVICES	7	26		269.12	10.35	.004	38.45	.04
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	195	2,580		179,065.19	69.41	.430	918.28	29.83
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	150	1,427		122,167.76	85.61	.238	814.45	20.35
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	51	118		1,449.71	12.29	.020	28.43	.24
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	4	5	4.61	.92	.001	1.15	.00
PROSTHETIST/ORTHOTISTS	8	33	779.98	23.64	.005	97.50	.13
PROSTHETICS	8	33	779.98	23.64	.005	97.50	.13
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	24	51	5,699.77	111.76	.008	237.49	.95
HOSPICE SERVICES	9	144	18,337.36	127.34	.024	2037.48	3.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	787	314,393	71,904.74	.23	52.381	91.37	11.98
@CALIF. CHILDREN SERVICES*	1	1	9.50	9.50	.000	9.50	.00
@XOVER EXCLUDING STATE HOSP**	1,467	23,158	355,933.86	15.37	3.858	242.63	59.30

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,981
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

247 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	202	31,839	\$ 130,010.24	\$ 4.08	128.903	\$ 643.62	\$ 526.36
@PHYSICIANS SERVICES	21	64	\$ 405.35	\$ 6.33	.259	\$ 19.30	\$ 1.64
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	21	64	405.35	6.33	.259	19.30	1.64
@PHARMACY	175	3,343	\$ 56,219.59	\$ 16.82	13.534	\$ 321.25	\$ 227.61
PRESCRIPTION DRUGS	167	767	52,851.27	68.91	3.105	316.47	213.97
SNF/ICF	0	0	11.70	.00	.000	.00	.05
OUTPATIENTS	167	767	52,839.57	68.89	3.105	316.40	213.93
MEDICAL SUPPLIES	52	2,576	3,368.32	1.31	10.429	64.78	13.64
@DENTIST	14	85	\$ 5,026.00	\$ 59.13	.344	\$ 359.00	\$ 20.35

VISITS - DIAGNOSTIC	9	54	520.00	9.63	.219	57.78	2.11
ORAL SURGERY	2	21	986.00	46.95	.085	493.00	3.99
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	260.00	.00	.000	.00	1.05
RESTORATIVE DENTISTRY	2	4	1,360.00	340.00	.016	680.00	5.51
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	6	1,900.00	316.67	.024	950.00	7.69
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND

AID CODE 28

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247 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	4	\$ 74.42	\$ 18.61	.016	\$ 37.21	\$.30
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	4	74.42	18.61	.016	37.21	.30
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.004	\$ 16.72	\$.07
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	16.72	16.72	.004	16.72	.07
@PODIATRIST	5	7	\$ 83.00	\$ 11.86	.028	\$ 16.60	\$.34
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	7	83.00	11.86	.028	16.60	.34
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	10	91	\$ 909.13	\$ 9.99	.368	\$ 90.91	\$ 3.68
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	91	909.13	9.99	.368	90.91	3.68
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	10	91	909.13	9.99	.368	90.91	3.68
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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CONTRA COSTA COUNT SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

247 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	91	\$ 909.13	\$ 9.99	.368	\$ 90.91	\$ 3.68
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10	91	909.13	9.99	.368	90.91	3.68
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	10	91	909.13	9.99	.368	90.91	3.68
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	3	\$ 1,799.34	\$ 599.78	.012	\$ 899.67	\$ 7.28
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	3	1,799.34	599.78	.012	899.67	7.28
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	12	\$ 9,459.27	\$ 788.27	.049	\$ 945.93	\$ 38.30
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	12	9,459.27	788.27	.049	945.93	38.30
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	51	91	\$	13,170.34	\$	144.73	.368	\$	258.24	\$	53.32
CLINIC	2	2		28.77		14.39	.008		14.39		.12
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	49	89		13,141.57		147.66	.360		268.20		53.20

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

247 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	77	28,138	\$ 42,847.08	\$ 1.52	113.919	\$ 556.46	\$ 173.47
DURABLE MED. EQUIP.	2	2	193.03	96.52	.008	96.52	.78
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	14	1,458	7,131.79	4.89	5.903	509.41	28.87
AMBULANCES/AIR TRANS	1	13	112.32	8.64	.053	112.32	.45
OTHER TRANS	13	1,444	7,007.61	4.85	5.846	539.05	28.37
OTHER SERVICES	1	1	11.86	11.86	.004	11.86	.05
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	13	269	18,667.19	69.39	1.089	1435.94	75.58
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	16	149	13,019.77	87.38	.603	813.74	52.71
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	5	78.89	15.78	.020	78.89	.32
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	42	26,255	3,756.41	.14	106.296	89.44	15.21
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	73	265	\$ 13,469.41	\$ 50.83	1.073	\$ 184.51	\$ 54.53

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,985
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED	AID CODE 68

4,011 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,439	391,315	\$ 2,905,173.36	\$ 7.42	97.560	\$ 844.77	\$ 724.30
@PHYSICIANS SERVICES	566	2,972	\$ 68,125.64	\$ 22.92	.741	\$ 120.36	\$ 16.98
OUTPATIENT VISITS	97	136	6,620.12	48.68	.034	68.25	1.65
OFFICE VISITS	41	54	1,829.81	33.89	.013	44.63	.46
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	47	64	4,148.75	64.82	.016	88.27	1.03
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	16	18	641.56	35.64	.004	40.10	.16
INPATIENT VISITS	42	381	19,874.02	52.16	.095	473.19	4.95

HOSPITAL VISITS	41	332	14,041.02	42.29	.083	342.46	3.50
CRITICAL CARE	8	49	5,833.00	119.04	.012	729.13	1.45
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	7	9	408.37	45.37	.002	58.34	.10
EXAMINATIONS	7	9	408.37	45.37	.002	58.34	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	11	76	16,187.47	212.99	.019	1471.59	4.04
PRINCIPAL SURGEON	9	18	14,684.90	815.83	.004	1631.66	3.66
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	58	1,502.57	25.91	.014	500.86	.37
OUTPATIENT SURGERY	13	26	2,189.00	84.19	.006	168.38	.55
PRINCIPAL SURGEON	12	19	2,046.51	107.71	.005	170.54	.51
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	142.49	20.36	.002	142.49	.04
DIALYSIS	6	20	1,302.58	65.13	.005	217.10	.32
PATHOLOGY	17	140	520.51	3.72	.035	30.62	.13

RADIOLOGY	46	121		3,299.49		27.27	.030	71.73	.82
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2		24.69		12.35	.000	12.35	.01
OTHER SERVICES/ALL X-OVERS	455	2,061		17,699.39		8.59	.514	38.90	4.41
@PHARMACY	2,792	87,529	\$	1,226,188.64	\$	14.01	21.822	\$ 439.18	\$ 305.71
PRESCRIPTION DRUGS	2,687	13,935		1,157,983.70		83.10	3.474	430.96	288.70
SNF/ICF	33	253		16,469.86		65.10	.063	499.09	4.11
OUTPATIENTS	2,662	13,682		1,141,513.84		83.43	3.411	428.82	284.60
MEDICAL SUPPLIES	634	73,594		68,204.94		.93	18.348	107.58	17.00
@DENTIST	226	970	\$	52,832.68	\$	54.47	.242	\$ 233.77	\$ 13.17
VISITS - DIAGNOSTIC	131	487		5,802.00		11.91	.121	44.29	1.45
ORAL SURGERY	38	158		8,540.00		54.05	.039	224.74	2.13
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	3	3		300.00		100.00	.001	100.00	.07
PERIODONTICS	18	20		2,722.00		136.10	.005	151.22	.68
ENDODONTICS	10	12		1,521.00		126.75	.003	152.10	.38
RESTORATIVE DENTISTRY	65	157		14,810.00		94.33	.039	227.85	3.69
PROSTHETICS	2	2		325.00		162.50	.000	162.50	.08
DENTURES, STAYPLATES	50	127		18,812.68		148.13	.032	376.25	4.69
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	3	4		.00		.00	.001	.00	.00
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MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68								

----- MONTHLY AVERAGE -----									
4,011 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	49	117	\$ 2,412.40	\$ 20.62	.029	\$ 49.23	\$.60		
DIAGNOSTIC AND ANC. PROCED	12	12	569.20	47.43	.003	47.43	.14		
EYE APPLIANCES	38	99	1,700.17	17.17	.025	44.74	.42		
OTHER OPTOMETRIC SERVICES	4	6	143.03	23.84	.001	35.76	.04		
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	33	80	\$ 749.16	\$ 9.36	.020	\$ 22.70	\$.19		
MEDICINE/INJECTIONS	1	1	16.20	16.20	.000	16.20	.00		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	32	79	732.96	9.28	.020	22.91	.18		
@HOME HEALTH AGENCY	33	3,575	\$ 107,452.07	\$ 30.06	.891	\$ 3256.12	\$ 26.79		
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00		
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
@TOTAL HOSPITAL	396	2,807	\$ 554,321.90	\$ 197.48	.700	\$ 1399.80	\$ 138.20		
HOSP INPATIENT TOTAL	88	792	475,365.49	600.21	.197	5401.88	118.52		
HSC HOSPITALS	26	217	345,443.00	1591.90	.054	13286.27	86.12		
NON-HSC HOSPITAL TOTAL	7	69	72,324.50	1048.18	.017	10332.07	18.03		
ACCOMMODATIONS	7	69	29,641.47	429.59	.017	4234.50	7.39		
ADMINISTRATIVE DAYS	3	36	8,326.80	231.30	.009	2775.60	2.08		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	5	33	21,314.67	645.90	.008	4262.93	5.31		
ANCILLARIES	7	0	42,683.03	.00	.000	6097.58	10.64		
INPATIENT CROSSOVERS	57	506	57,597.99	113.83	.126	1010.49	14.36		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	331	2,015	78,956.41	39.18	.502	238.54	19.68		
MEDICAL	25	37	1,223.42	33.07	.009	48.94	.31		

SURGERY	4	6	109.66	18.28	.001	27.42	.03
PATHOLOGY	38	199	1,748.48	8.79	.050	46.01	.44
RADIOLOGY	24	59	4,203.22	71.24	.015	175.13	1.05
ROOM USE	57	84	2,911.00	34.65	.021	51.07	.73
CROSSOVERS/ALL OTH OUTPTNT	294	1,630	68,760.63	42.18	.406	233.88	17.14
@COUNTY HOSPITAL TOTAL	28	254	\$ 91,546.84	\$ 360.42	.063	\$ 3269.53	\$ 22.82
CO HOSPITAL INPATIENT TOTAL	21	198	90,309.27	456.11	.049	4300.44	22.52
HSC HOSPITALS	9	58	65,760.00	1133.79	.014	7306.67	16.39
NON-HSC HOSPITALS TOTAL	2	32	15,799.41	493.73	.008	7899.71	3.94
ACCOMMODATIONS	2	32	7,401.60	231.30	.008	3700.80	1.85
ADMINISTRATIVE DAYS	2	32	7,401.60	231.30	.008	3700.80	1.85
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	2	0	8,397.81	.00	.000	4198.91	2.09
INPATIENT CROSSOVERS	11	108	8,749.86	81.02	.027	795.44	2.18
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	56	1,237.57	22.10	.014	176.80	.31
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	11.75	11.75	.000	11.75	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	36.11	36.11	.000	36.11	.01
CROSSOVERS/ALL OTH OUTPTNT	7	54	1,189.71	22.03	.013	169.96	.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,987
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4,011 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	373	2,553	\$ 462,775.06	\$ 181.27	.636	\$ 1240.68	\$ 115.38
COMM HOSP INPATIENT TOTAL	68	594	385,056.22	648.24	.148	5662.59	96.00
HSC HOSPITALS	17	159	279,683.00	1759.01	.040	16451.94	69.73
NON-HSC HOSPITALS TOTAL	6	37	56,525.09	1527.71	.009	9420.85	14.09
ACCOMMODATIONS	6	37	22,239.87	601.08	.009	3706.65	5.54
ADMINISTRATIVE DAYS	1	4	925.20	231.30	.001	925.20	.23
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	33	21,314.67	645.90	.008	4262.93	5.31
ANCILLARIES	6	0	34,285.22	.00	.000	5714.20	8.55
INPATIENT CROSSOVERS	46	398	48,848.13	122.73	.099	1061.92	12.18
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	324	1,959	77,718.84	39.67	.488	239.87	19.38
MEDICAL	25	37	1,223.42	33.07	.009	48.94	.31
SURGERY	4	6	109.66	18.28	.001	27.42	.03
PATHOLOGY	37	198	1,736.73	8.77	.049	46.94	.43
RADIOLOGY	24	59	4,203.22	71.24	.015	175.13	1.05
ROOM USE	56	83	2,874.89	34.64	.021	51.34	.72
CROSSOVERS/ALL OTH OUTPTNT	287	1,576	67,570.92	42.87	.393	235.44	16.85
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	39	399	\$ 96,297.42	\$ 241.35	.099	\$ 2469.16	\$ 24.01
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	2	46	17,794.54	386.84	.011	8897.27	4.44
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	39	353	78,502.88	222.39	.088	2012.89	19.57
@INTERMEDIATE CARE FACIL.-DD	8	226	\$ 41,310.54	\$ 182.79	.056	\$ 5163.82	\$ 10.30
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	8	226		41,310.54		182.79	.056	5163.82		10.30
@HEMODIALYSIS TOTAL	125	155	\$	82,597.02	\$	532.88	.039	\$ 660.78	\$	20.59
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	125	155		82,597.02		532.88	.039	660.78		20.59
@REHABILITATION FACILITY	9	56	\$	808.12	\$	14.43	.014	\$ 89.79	\$	.20
HOSPITAL BASED	3	15		363.96		24.26	.004	121.32		.09
INDEPENDENT FACILITY	6	41		444.16		10.83	.010	74.03		.11
@LABORATORY FACILITY	26	69	\$	884.09	\$	12.81	.017	\$ 34.00	\$	.22
PATHOLOGY	24	61		863.50		14.16	.015	35.98		.22
XO AND OTHERS	2	8		20.59		2.57	.002	10.30		.01
@ORGANIZED OUTPATIENT CLINIC	683	1,345	\$	260,407.59	\$	193.61	.335	\$ 381.27	\$	64.92
CLINIC	18	36		1,762.94		48.97	.009	97.94		.44
SURGICENTER	2	3		259.12		86.37	.001	129.56		.06
HEROIN DETOX CLINIC	2	21		232.26		11.06	.005	116.13		.06
RURAL HEALTH CLINIC	672	1,285		258,153.27		200.90	.320	384.16		64.36
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CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED									AID CODE 68

4,011 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,044	291,015	\$	410,786.09	\$ 1.41	72.554	\$ 393.47	\$ 102.41
DURABLE MED. EQUIP.	98	1,894		102,614.36	54.18	.472	1047.09	25.58
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2		1,325.33	662.67	.000	662.67	.33
MEDICAL TRANSPORTATION	116	6,209		34,167.34	5.50	1.548	294.55	8.52
AMBULANCES/AIR TRANS	50	492		6,548.24	13.31	.123	130.96	1.63
OTHER TRANS	62	5,631		27,092.64	4.81	1.404	436.98	6.75
OTHER SERVICES	7	86		526.46	6.12	.021	75.21	.13
ACUPUNCTURE	3	7		124.35	17.76	.002	41.45	.03
ADULT DAY HEALTH CARE CTR	112	1,334		92,695.63	69.49	.333	827.64	23.11
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	67	1,886		74,382.47	39.44	.470	1110.19	18.54
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	87	203		2,522.70	12.43	.051	29.00	.63
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	11	25		2,379.78	95.19	.006	216.34	.59
PROSTHETICS	11	25		2,379.78	95.19	.006	216.34	.59
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	21	45		1,988.06	44.18	.011	94.67	.50
HOSPICE SERVICES	1	37		6,059.86	163.78	.009	6059.86	1.51
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	41	1,632		10,373.20	6.36	.407	253.00	2.59
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	630	277,741		82,153.01	.30	69.245	130.40	20.48
@CALIF. CHILDREN SERVICES*	51	14,633	\$	64,166.88	\$ 4.39	3.648	\$ 1258.17	\$ 16.00
@XOVER EXCLUDING STATE HOSP**	1,086	20,043	\$	252,197.67	\$ 12.58	4.997	\$ 232.23	\$ 62.88

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									PAGE 1,989
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10,260 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	8,376	863,595	\$	5,645,284.16	\$	6.54	84.171	\$	673.98	\$	550.22
@PHYSICIANS SERVICES	1,257	5,615	\$	97,545.77	\$	17.37	.547	\$	77.60	\$	9.51
OUTPATIENT VISITS	150	210		9,553.06		45.49	.020		63.69		.93
OFFICE VISITS	80	106		3,436.81		32.42	.010		42.96		.33
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	56	75		5,194.69		69.26	.007		92.76		.51
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	24	29		921.56		31.78	.003		38.40		.09
INPATIENT VISITS	53	431		22,009.37		51.07	.042		415.27		2.15
HOSPITAL VISITS	50	379		15,999.77		42.22	.037		320.00		1.56
CRITICAL CARE	9	50		5,954.60		119.09	.005		661.62		.58
SNF/ICF/TRANS IP CARE	2	2		55.00		27.50	.000		27.50		.01
OPHTHALMOLOGICAL SERVICES	13	15		638.41		42.56	.001		49.11		.06
EXAMINATIONS	13	15		638.41		42.56	.001		49.11		.06
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	13	78		17,024.45		218.26	.008		1309.57		1.66
PRINCIPAL SURGEON	11	20		15,521.88		776.09	.002		1411.08		1.51
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	58		1,502.57		25.91	.006		500.86		.15
OUTPATIENT SURGERY	15	35		2,345.78		67.02	.003		156.39		.23
PRINCIPAL SURGEON	13	20		2,057.31		102.87	.002		158.25		.20
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	15		288.47		19.23	.001		144.24		.03
DIALYSIS	6	20		1,302.58		65.13	.002		217.10		.13
PATHOLOGY	25	240		913.99		3.81	.023		36.56		.09
RADIOLOGY	63	159		4,638.29		29.17	.015		73.62		.45
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	2		24.69		12.35	.000		12.35		.00
OTHER SERVICES/ALL X-OVERS	1,091	4,425		39,095.15		8.84	.431		35.83		3.81
@PHARMACY	6,946	192,133	\$	2,360,381.26	\$	12.29	18.726	\$	339.82	\$	230.06
PRESCRIPTION DRUGS	6,667	31,407		2,215,519.59		70.54	3.061		332.31		215.94
SNF/ICF	147	1,112		62,995.68		56.65	.108		428.54		6.14
OUTPATIENTS	6,551	30,295		2,152,523.91		71.05	2.953		328.58		209.80
MEDICAL SUPPLIES	1,426	160,726		144,861.67		.90	15.665		101.59		14.12
@DENTIST	435	1,763	\$	107,878.68	\$	61.19	.172	\$	248.00	\$	10.51
VISITS - DIAGNOSTIC	246	830		10,775.00		12.98	.081		43.80		1.05
ORAL SURGERY	77	358		18,098.00		50.55	.035		235.04		1.76
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	4	4		400.00		100.00	.000		100.00		.04
PERIODONTICS	26	27		3,813.00		141.22	.003		146.65		.37
ENDODONTICS	16	24		4,566.00		190.25	.002		285.38		.45
RESTORATIVE DENTISTRY	88	219		22,371.00		102.15	.021		254.22		2.18
PROSTHETICS	2	2		325.00		162.50	.000		162.50		.03
DENTURES, STAYPLATES	119	290		47,530.68		163.90	.028		399.42		4.63
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	7	9		.00		.00	.001		.00		.00
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CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL										

					----- MONTHLY AVERAGE -----			
10,260 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	82	212	\$ 4,302.42	\$ 20.29	.021	\$ 52.47	\$.42	
DIAGNOSTIC AND ANC. PROCED	14	14	664.10	47.44	.001	47.44	.06	
EYE APPLIANCES	66	180	3,388.51	18.83	.018	51.34	.33	
OTHER OPTOMETRIC SERVICES	10	18	249.81	13.88	.002	24.98	.02	

@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.000	\$	16.72	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	1		16.72		16.72	.000		16.72		.00
@PODIATRIST	104	196	\$	1,891.91	\$	9.65	.019	\$	18.19	\$	.18
MEDICINE/INJECTIONS	3	3		59.00		19.67	.000		19.67		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	101	193		1,832.91		9.50	.019		18.15		.18
@HOME HEALTH AGENCY	37	3,598	\$	109,060.52	\$	30.31	.351	\$	2947.58	\$	10.63
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	795	5,844	\$	794,026.42	\$	135.87	.570	\$	998.78	\$	77.39
HOSP INPATIENT TOTAL	204	1,620		679,526.71		419.46	.158		3331.01		66.23
HSC HOSPITALS	31	241		352,163.00		1461.26	.023		11360.10		34.32

NON-HSC HOSPITAL TOTAL	13	123	179,013.99	1455.40	.012	13770.31	17.45
ACCOMMODATIONS	13	123	73,188.08	595.03	.012	5629.85	7.13
ADMINISTRATIVE DAYS	5	49	11,333.70	231.30	.005	2266.74	1.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	74	61,854.38	835.87	.007	6872.71	6.03
ANCILLARIES	13	0	105,825.91	.00	.000	8140.45	10.31
INPATIENT CROSSOVERS	162	1,256	148,349.72	118.11	.122	915.74	14.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	628	4,224	114,499.71	27.11	.412	182.32	11.16
MEDICAL	45	76	2,163.52	28.47	.007	48.08	.21
SURGERY	5	7	118.77	16.97	.001	23.75	.01
PATHOLOGY	62	311	2,925.54	9.41	.030	47.19	.29
RADIOLOGY	36	74	4,870.49	65.82	.007	135.29	.47
ROOM USE	78	120	4,148.07	34.57	.012	53.18	.40
CROSSOVERS/ALL OTH OUTPTNT	568	3,636	100,273.32	27.58	.354	176.54	9.77
@COUNTY HOSPITAL TOTAL	35	310	\$ 100,495.54	\$ 324.18	.030	\$ 2871.30	\$ 9.79
CO HOSPITAL INPATIENT TOTAL	25	240	98,939.31	412.25	.023	3957.57	9.64
HSC HOSPITALS	10	64	72,480.00	1132.50	.006	7248.00	7.06
NON-HSC HOSPITALS TOTAL	2	32	15,799.41	493.73	.003	7899.71	1.54
ACCOMMODATIONS	2	32	7,401.60	231.30	.003	3700.80	.72
ADMINISTRATIVE DAYS	2	32	7,401.60	231.30	.003	3700.80	.72
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	2	0	8,397.81	.00	.000	4198.91	.82
INPATIENT CROSSOVERS	14	144	10,659.90	74.03	.014	761.42	1.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	10	70	1,556.23	22.23	.007	155.62	.15
MEDICAL	2	3	159.82	53.27	.000	79.91	.02
SURGERY	1	1	9.11	9.11	.000	9.11	.00
PATHOLOGY	2	2	37.14	18.57	.000	18.57	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	108.33	36.11	.000	36.11	.01
CROSSOVERS/ALL OTH OUTPTNT	9	61	1,241.83	20.36	.006	137.98	.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 1,991
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL						

	10,260 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	766	5,534	\$	693,530.88	\$ 125.32	.539	\$ 905.39	\$ 67.60
COMM HOSP INPATIENT TOTAL	180	1,380		580,587.40	420.72	.135	3225.49	56.59
HSC HOSPITALS	21	177		279,683.00	1580.13	.017	13318.24	27.26
NON-HSC HOSPITALS TOTAL	12	91		163,214.58	1793.57	.009	13601.22	15.91
ACCOMMODATIONS	12	91		65,786.48	722.93	.009	5482.21	6.41
ADMINISTRATIVE DAYS	3	17		3,932.10	231.30	.002	1310.70	.38
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	74		61,854.38	835.87	.007	6872.71	6.03
ANCILLARIES	12	0		97,428.10	.00	.000	8119.01	9.50
INPATIENT CROSSOVERS	148	1,112		137,689.82	123.82	.108	930.34	13.42
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	619	4,154		112,943.48	27.19	.405	182.46	11.01
MEDICAL	44	73		2,003.70	27.45	.007	45.54	.20
SURGERY	4	6		109.66	18.28	.001	27.42	.01
PATHOLOGY	60	309		2,888.40	9.35	.030	48.14	.28
RADIOLOGY	36	74		4,870.49	65.82	.007	135.29	.47
ROOM USE	76	117		4,039.74	34.53	.011	53.15	.39
CROSSOVERS/ALL OTH OUTPTNT	559	3,575		99,031.49	27.70	.348	177.16	9.65
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00

@NURSING FACILITY	219	3,596	\$	617,829.22	\$	171.81	.350	\$	2821.14	\$	60.22
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	2	46		17,794.54		386.84	.004		8897.27		1.73
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	219	3,550		600,034.68		169.02	.346		2739.88		58.48
@INTERMEDIATE CARE FACIL.-DD	8	226	\$	41,310.54	\$	182.79	.022	\$	5163.82	\$	4.03
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	8	226		41,310.54		182.79	.022		5163.82		4.03
@HEMODIALYSIS TOTAL	239	474	\$	155,195.94	\$	327.42	.046	\$	649.36	\$	15.13
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	239	474		155,195.94		327.42	.046		649.36		15.13
@REHABILITATION FACILITY	9	56	\$	808.12	\$	14.43	.005	\$	89.79	\$	.08
HOSPITAL BASED	3	15		363.96		24.26	.001		121.32		.04
INDEPENDENT FACILITY	6	41		444.16		10.83	.004		74.03		.04
@LABORATORY FACILITY	37	128	\$	1,358.94	\$	10.62	.012	\$	36.73	\$	.13
PATHOLOGY	34	118		1,328.83		11.26	.012		39.08		.13
XO AND OTHERS	3	10		30.11		3.01	.001		10.04		.00
@ORGANIZED OUTPATIENT CLINIC	1,253	2,431	\$	429,957.07	\$	176.86	.237	\$	343.14	\$	41.91
CLINIC	33	52		2,369.31		45.56	.005		71.80		.23
SURGICENTER	9	14		1,683.67		120.26	.001		187.07		.16
HEROIN DETOX CLINIC	2	21		232.26		11.06	.002		116.13		.02
RURAL HEALTH CLINIC	1,221	2,344		425,671.83		181.60	.228		348.63		41.49
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 1,992
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL										

						----- MONTHLY AVERAGE -----					
10,260 ELIGIBLES		USERS	UNITS OF SERVICE	EXPENDITURES		AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
			OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@ALL OTHER PROVIDERS	2,418	647,322	\$	923,720.63	\$	1.43	63.092	\$ 382.02	\$	90.03	
DURABLE MED. EQUIP.	160	2,116		131,067.87		61.94	.206	819.17		12.77	
BLOOD BANK	0	0		.00		.00	.000	.00		.00	
HEARING AID DISPENSERS	6	7		4,616.55		659.51	.001	769.43		.45	
MEDICAL TRANSPORTATION	258	16,860		80,425.77		4.77	1.643	311.73		7.84	
AMBULANCES/AIR TRANS	77	653		9,685.56		14.83	.064	125.79		.94	
OTHER TRANS	175	16,094		69,932.77		4.35	1.569	399.62		6.82	
OTHER SERVICES	15	113		807.44		7.15	.011	53.83		.08	
ACUPUNCTURE	3	7		124.35		17.76	.001	41.45		.01	
ADULT DAY HEALTH CARE CTR	320	4,183		290,428.01		69.43	.408	907.59		28.31	
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	233	3,462		209,570.00		60.53	.337	899.44		20.43	
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00	
OPTICIAN	139	326		4,051.30		12.43	.032	29.15		.39	
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00	
PORTABLE X-RAY	4	5		4.61		.92	.000	1.15		.00	
PROSTHETIST/ORTHOTISTS	19	58		3,159.76		54.48	.006	166.30		.31	
PROSTHETICS	19	58		3,159.76		54.48	.006	166.30		.31	
ORTHOTICS	0	0		.00		.00	.000	.00		.00	
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00	
SPEECH AND AUDIOLOGY	45	96		7,687.83		80.08	.009	170.84		.75	
HOSPICE SERVICES	10	181		24,397.22		134.79	.018	2439.72		2.38	
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00	
LOCAL EDUCATION AGENCIES	41	1,632		10,373.20		6.36	.159	253.00		1.01	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00	
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00	
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00	
ALL OTHER PROVIDERS	1,459	618,389		157,814.16		.26	60.272	108.17		15.38	
@CALIF. CHILDREN SERVICES*	52	14,634	\$	64,176.38	\$	4.39	1.426	\$ 1234.16	\$	6.26	

@XOVER EXCLUDING STATE HOSP** 2,626 43,466 \$ 621,600.94 \$ 14.30 4.236 \$ 236.71 \$ 60.58

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,993
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	71,895 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	52,974	3,099,365	\$	27,272,758.15	\$ 8.80	43.110	\$ 514.83	\$ 379.34
@PHYSICIANS SERVICES	8,331	26,995	\$	383,413.80	\$ 14.20	.375	\$ 46.02	\$ 5.33
OUTPATIENT VISITS	419	530		21,256.72	40.11	.007	50.73	.30
OFFICE VISITS	328	407		13,460.33	33.07	.006	41.04	.19
HOME VISITS	5	11		567.60	51.60	.000	113.52	.01
EMERGENCY ROOM	78	85		6,618.39	77.86	.001	84.85	.09
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	23	27		610.40	22.61	.000	26.54	.01
INPATIENT VISITS	84	334		15,099.83	45.21	.005	179.76	.21
HOSPITAL VISITS	66	298		13,569.73	45.54	.004	205.60	.19
CRITICAL CARE	4	7		851.20	121.60	.000	212.80	.01
SNF/ICF/TRANS IP CARE	20	29		678.90	23.41	.000	33.95	.01
OPHTHALMOLOGICAL SERVICES	100	105		4,320.82	41.15	.001	43.21	.06
EXAMINATIONS	99	104		4,284.42	41.20	.001	43.28	.06
SERVICES AND MATERIALS	1	1		36.40	36.40	.000	36.40	.00
INPATIENT HOSPITAL SURGERY	21	78		9,345.74	119.82	.001	445.04	.13
PRINCIPAL SURGEON	17	21		6,576.50	313.17	.000	386.85	.09
ASSISTANT SURGEON	3	4		1,330.83	332.71	.000	443.61	.02
ANESTHESIOLOGIST	5	53		1,438.41	27.14	.001	287.68	.02
OUTPATIENT SURGERY	48	112		15,354.52	137.09	.002	319.89	.21
PRINCIPAL SURGEON	38	42		13,583.27	323.41	.001	357.45	.19
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	12	70		1,771.25	25.30	.001	147.60	.02
DIALYSIS	1	3		216.48	72.16	.000	216.48	.00
PATHOLOGY	56	451		2,213.02	4.91	.006	39.52	.03
RADIOLOGY	125	253		10,689.26	42.25	.004	85.51	.15
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	14		1,516.71	108.34	.000	108.34	.02
OTHER SERVICES/ALL X-OVERS	7,791	25,115		303,400.70	12.08	.349	38.94	4.22
@PHARMACY	44,788	665,222	\$	11,188,783.79	\$ 16.82	9.253	\$ 249.82	\$ 155.63
PRESCRIPTION DRUGS	44,171	159,942		10,798,839.42	67.52	2.225	244.48	150.20
SNF/ICF	1,585	9,157		478,776.82	52.29	.127	302.07	6.66
OUTPATIENTS	42,727	150,785		10,320,062.60	68.44	2.097	241.53	143.54
MEDICAL SUPPLIES	4,348	505,280		389,944.37	.77	7.028	89.68	5.42
@DENTIST	3,127	12,984	\$	626,796.02	\$ 48.27	.181	\$ 200.45	\$ 8.72
VISITS - DIAGNOSTIC	1,923	7,295		84,027.61	11.52	.101	43.70	1.17
ORAL SURGERY	473	1,269		62,326.75	49.11	.018	131.77	.87
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	9	9		900.00	100.00	.000	100.00	.01
PERIODONTICS	232	239		29,007.50	121.37	.003	125.03	.40
ENDODONTICS	121	177		36,484.00	206.12	.002	301.52	.51
RESTORATIVE DENTISTRY	620	1,811		152,020.00	83.94	.025	245.19	2.11
PROSTHETICS	34	44		1,310.00	29.77	.001	38.53	.02
DENTURES, STAYPLATES	866	2,024		260,635.16	128.77	.028	300.96	3.63
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	87	115		85.00	.74	.002	.98	.00

	71,895 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
						UNITS/DAYS PER ELIG			
@OPTOMETRIST	1,123	3,579	\$	62,238.66	\$	17.39	.050	\$ 55.42	\$.87
DIAGNOSTIC AND ANC. PROCED	139	142		6,077.46		42.80	.002	43.72	.08
EYE APPLIANCES	932	3,167		50,764.32		16.03	.044	54.47	.71
OTHER OPTOMETRIC SERVICES	169	270		5,396.88		19.99	.004	31.93	.08
@CHIROPRACTOR	3	7	\$	51.35	\$	7.34	.000	\$ 17.12	\$.00
VISITS	1	2		32.54		16.27	.000	32.54	.00
OTHER SERVICES	2	5		18.81		3.76	.000	9.41	.00
@PODIATRIST	774	1,228	\$	12,249.76	\$	9.98	.017	\$ 15.83	\$.17
MEDICINE/INJECTIONS	14	22		473.50		21.52	.000	33.82	.01
SURGERY/ANES.	1	1		11.00		11.00	.000	11.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	760	1,205		11,765.26		9.76	.017	15.48	.16
@HOME HEALTH AGENCY	9	64	\$	4,472.52	\$	69.88	.001	\$ 496.95	\$.06
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	15	24	\$	582.23	\$	24.26	.000	\$ 38.82	\$.01
@TOTAL HOSPITAL	4,592	24,341	\$	3,998,688.45	\$	164.28	.339	\$ 870.79	\$ 55.62
HOSP INPATIENT TOTAL	948	5,288		3,625,582.18		685.62	.074	3824.45	50.43
HSC HOSPITALS	247	1,308		1,202,211.26		919.12	.018	4867.25	16.72
NON-HSC HOSPITAL TOTAL	217	1,108		1,991,725.43		1797.59	.015	9178.46	27.70
ACCOMMODATIONS	217	1,108		574,173.02		518.21	.015	2645.96	7.99
ADMINISTRATIVE DAYS	43	178		30,499.38		171.34	.002	709.29	.42
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	181	930		543,673.64		584.60	.013	3003.72	7.56
ANCILLARIES	215	0		1,417,552.41		.00	.000	6593.27	19.72
INPATIENT CROSSOVERS	498	2,872		431,645.49		150.29	.040	866.76	6.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,800	19,053		373,106.27		19.58	.265	98.19	5.19
MEDICAL	76	128		5,130.19		40.08	.002	67.50	.07
SURGERY	22	24		2,018.22		84.09	.000	91.74	.03
PATHOLOGY	130	604		6,417.23		10.62	.008	49.36	.09
RADIOLOGY	75	147		9,614.40		65.40	.002	128.19	.13
ROOM USE	97	131		4,563.04		34.83	.002	47.04	.06
CROSSOVERS/ALL OTH OUTPTNT	3,638	18,019		345,363.19		19.17	.251	94.93	4.80
@COUNTY HOSPITAL TOTAL	147	777	\$	371,243.30	\$	477.79	.011	\$ 2525.46	\$ 5.16
CO HOSPITAL INPATIENT TOTAL	85	566		366,775.79		648.01	.008	4315.01	5.10
HSC HOSPITALS	66	360		353,027.91		980.63	.005	5348.91	4.91
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	19	206		13,747.88		66.74	.003	723.57	.19
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	63	211		4,467.51		21.17	.003	70.91	.06
MEDICAL	11	17		733.26		43.13	.000	66.66	.01
SURGERY	8	9		184.47		20.50	.000	23.06	.00
PATHOLOGY	7	18		228.53		12.70	.000	32.65	.00
RADIOLOGY	4	6		637.77		106.30	.000	159.44	.01
ROOM USE	16	22		970.16		44.10	.000	60.64	.01
CROSSOVERS/ALL OTH OUTPTNT	49	139		1,713.32		12.33	.002	34.97	.02

MOP024
CONTRA COSTA COUNT

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

01/29/04

71,895 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,454	23,564	\$ 3,627,445.15	\$ 153.94	.328	\$ 814.42	\$ 50.45
COMM HOSP INPATIENT TOTAL	865	4,722	3,258,806.39	690.13	.066	3767.41	45.33
HSC HOSPITALS	182	948	849,183.35	895.76	.013	4665.84	11.81
NON-HSC HOSPITALS TOTAL	217	1,108	1,991,725.43	1797.59	.015	9178.46	27.70
ACCOMMODATIONS	217	1,108	574,173.02	518.21	.015	2645.96	7.99
ADMINISTRATIVE DAYS	43	178	30,499.38	171.34	.002	709.29	.42
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	181	930	543,673.64	584.60	.013	3003.72	7.56
ANCILLARIES	215	0	1,417,552.41	.00	.000	6593.27	19.72
INPATIENT CROSSOVERS	479	2,666	417,897.61	156.75	.037	872.44	5.81
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	3,742	18,842		368,638.76		19.56	.262	98.51	5.13
MEDICAL	66	111		4,396.93		39.61	.002	66.62	.06
SURGERY	14	15		1,833.75		122.25	.000	130.98	.03
PATHOLOGY	123	586		6,188.70		10.56	.008	50.31	.09
RADIOLOGY	71	141		8,976.63		63.66	.002	126.43	.12
ROOM USE	82	109		3,592.88		32.96	.002	43.82	.05
CROSSOVERS/ALL OTH OUTPTNT	3,592	17,880		343,649.87		19.22	.249	95.67	4.78
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	1,729	44,165	\$	6,261,991.93	\$	141.79	.614	3621.74	87.10
LEV A-INTERMEDIATE	9	349		27,594.60		79.07	.005	3066.07	.38
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	1	7		2,600.08		371.44	.000	2600.08	.04
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	1,719	43,809		6,231,797.25		142.25	.609	3625.25	86.68
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	514	801	\$	294,716.18	\$	367.94	.011	573.38	4.10
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	514	801		294,716.18		367.94	.011	573.38	4.10
@REHABILITATION FACILITY	2	3	\$	86.79	\$	28.93	.000	43.40	.00
HOSPITAL BASED	2	3		86.79		28.93	.000	43.40	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	134	435	\$	4,710.23	\$	10.83	.006	35.15	.07
PATHOLOGY	84	355		4,139.85		11.66	.005	49.28	.06
XO AND OTHERS	50	80		570.38		7.13	.001	11.41	.01
@ORGANIZED OUTPATIENT CLINIC	8,333	14,644	\$	2,217,392.70	\$	151.42	.204	266.10	30.84
CLINIC	183	427		12,495.85		29.26	.006	68.28	.17
SURGICENTER	75	108		12,964.10		120.04	.002	172.85	.18
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	8,116	14,109		2,191,932.75		155.36	.196	270.08	30.49
#CALIF DEPT OF HEALTH SERV									
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				----- MONTHLY AVERAGE -----			
71,895 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8,874	2,304,873	\$ 2,216,583.74	\$.96	32.059	\$ 249.78	\$ 30.83
DURABLE MED. EQUIP.	341	1,290	91,546.62	70.97	.018	268.47	1.27
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	102	114	69,017.83	605.42	.002	676.65	.96
MEDICAL TRANSPORTATION	669	48,610	209,585.50	4.31	.676	313.28	2.92
AMBULANCES/AIR TRANS	133	1,202	16,109.50	13.40	.017	121.12	.22
OTHER TRANS	513	47,098	191,546.49	4.07	.655	373.38	2.66
OTHER SERVICES	47	310	1,929.51	6.22	.004	41.05	.03
ACUPUNCTURE	515	2,013	35,265.57	17.52	.028	68.48	.49
ADULT DAY HEALTH CARE CTR	903	11,124	772,062.01	69.41	.155	855.00	10.74
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	434	4,683	346,661.68	74.03	.065	798.76	4.82
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,635	4,225	52,092.27	12.33	.059	31.86	.72
PHYSICAL THERAPIST	3	9	78.65	8.74	.000	26.22	.00
PORTABLE X-RAY	62	100	295.07	2.95	.001	4.76	.00
PROSTHETIST/ORTHOTISTS	181	462	14,089.67	30.50	.006	77.84	.20
PROSTHETICS	178	457	13,664.03	29.90	.006	76.76	.19
ORTHOTICS	3	5	425.64	85.13	.000	141.88	.01

PSYCHOLOGIST	4	8	80.59	10.07	.000	20.15	.00
SPEECH AND AUDIOLOGY	303	662	70,300.59	106.19	.009	232.02	.98
HOSPICE SERVICES	67	1,143	163,133.41	142.72	.016	2434.83	2.27
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	2	25.89	12.95	.000	12.95	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4,580	2,230,427	392,243.39	.18	31.023	85.64	5.46
@CALIF. CHILDREN SERVICES*	6	10	\$ 1,273.30	\$ 127.33	.000	\$ 212.22	\$.02
@XOVER EXCLUDING STATE HOSP**	14,425	178,374	\$ 2,012,912.16	\$ 11.28	2.481	\$ 139.54	\$ 28.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

5,430 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,960	351,400	\$ 3,373,576.09	\$ 9.60	64.715	\$ 851.91	\$ 621.28
@PHYSICIANS SERVICES	979	4,458	\$ 116,681.69	\$ 26.17	.821	\$ 119.18	\$ 21.49
OUTPATIENT VISITS	453	716	29,636.46	41.39	.132	65.42	5.46
OFFICE VISITS	304	447	14,308.16	32.01	.082	47.07	2.64
HOME VISITS	16	20	747.40	37.37	.004	46.71	.14
EMERGENCY ROOM	135	179	12,284.49	68.63	.033	91.00	2.26
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	6	494.54	82.42	.001	123.64	.09
OTHER OUTPATIENT	44	64	1,801.87	28.15	.012	40.95	.33
INPATIENT VISITS	72	400	17,968.88	44.92	.074	249.57	3.31
HOSPITAL VISITS	68	383	16,538.48	43.18	.071	243.21	3.05
CRITICAL CARE	7	10	1,216.00	121.60	.002	173.71	.22
SNF/ICF/TRANS IP CARE	4	7	214.40	30.63	.001	53.60	.04
OPHTHALMOLOGICAL SERVICES	54	85	3,547.12	41.73	.016	65.69	.65
EXAMINATIONS	54	85	3,547.12	41.73	.016	65.69	.65
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	31	205	9,823.65	47.92	.038	316.89	1.81
PRINCIPAL SURGEON	18	28	6,803.30	242.98	.005	377.96	1.25
ASSISTANT SURGEON	3	3	367.46	122.49	.001	122.49	.07
ANESTHESIOLOGIST	11	174	2,652.89	15.25	.032	241.17	.49
OUTPATIENT SURGERY	66	149	13,119.79	88.05	.027	198.78	2.42
PRINCIPAL SURGEON	56	85	11,588.80	136.34	.016	206.94	2.13
ASSISTANT SURGEON	1	1	131.24	131.24	.000	131.24	.02
ANESTHESIOLOGIST	11	63	1,399.75	22.22	.012	127.25	.26
DIALYSIS	29	101	8,102.98	80.23	.019	279.41	1.49
PATHOLOGY	86	741	2,220.36	3.00	.136	25.82	.41
RADIOLOGY	140	325	13,166.45	40.51	.060	94.05	2.42
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	12	221.45	18.45	.002	22.15	.04
OTHER SERVICES/ALL X-OVERS	482	1,724	18,874.55	10.95	.317	39.16	3.48
@PHARMACY	3,131	84,343	\$ 1,176,546.32	\$ 13.95	15.533	\$ 375.77	\$ 216.68
PRESCRIPTION DRUGS	3,042	12,663	1,093,849.71	86.38	2.332	359.58	201.45
SNF/ICF	111	671	38,851.13	57.90	.124	350.01	7.15
OUTPATIENTS	2,949	11,992	1,054,998.58	87.98	2.208	357.75	194.29
MEDICAL SUPPLIES	618	71,680	82,696.61	1.15	13.201	133.81	15.23
@DENTIST	269	1,134	\$ 47,567.63	\$ 41.95	.209	\$ 176.83	\$ 8.76
VISITS - DIAGNOSTIC	178	725	9,133.00	12.60	.134	51.31	1.68
ORAL SURGERY	35	102	5,776.00	56.63	.019	165.03	1.06
DRUGS	2	2	.00	.00	.000	.00	.00
ANESTHESIA	3	3	300.00	100.00	.001	100.00	.06

PERIODONTICS	23	24	3,673.00	153.04	.004	159.70	.68
ENDODONTICS	10	13	3,041.00	233.92	.002	304.10	.56
RESTORATIVE DENTISTRY	71	178	13,984.25	78.56	.033	196.96	2.58
PROSTHETICS	2	2	60.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	31	59	10,660.38	180.68	.011	343.88	1.96
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	4	890.00	222.50	.001	445.00	.16
ALL OTHER SERVICES	11	21	.00	.00	.004	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

5,430 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	69	172	\$ 5,710.54	\$ 33.20	.032	\$ 82.76	\$ 1.05
DIAGNOSTIC AND ANC. PROCED	26	28	1,280.17	45.72	.005	49.24	.24
EYE APPLIANCES	47	121	3,603.48	29.78	.022	76.67	.66
OTHER OPTOMETRIC SERVICES	15	23	826.89	35.95	.004	55.13	.15
@CHIROPRACTOR	11	18	\$ 300.96	\$ 16.72	.003	\$ 27.36	\$.06
VISITS	10	17	284.24	16.72	.003	28.42	.05
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.00
@PODIATRIST	90	199	\$ 2,385.07	\$ 11.99	.037	\$ 26.50	\$.44
MEDICINE/INJECTIONS	40	42	1,020.80	24.30	.008	25.52	.19
SURGERY/ANES.	3	4	84.79	21.20	.001	28.26	.02
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	50	153	1,279.48	8.36	.028	25.59	.24
@HOME HEALTH AGENCY	36	2,936	\$ 91,219.01	\$ 31.07	.541	\$ 2533.86	\$ 16.80
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	551	4,022	\$ 683,133.07	\$ 169.85	.741	\$ 1239.81	\$ 125.81
HOSP INPATIENT TOTAL	112	758	588,058.03	775.80	.140	5250.52	108.30
HSC HOSPITALS	40	191	204,943.18	1073.00	.035	5123.58	37.74
NON-HSC HOSPITAL TOTAL	33	214	323,475.04	1511.57	.039	9802.27	59.57
ACCOMMODATIONS	33	214	94,906.57	443.49	.039	2875.96	17.48
ADMINISTRATIVE DAYS	14	71	14,660.32	206.48	.013	1047.17	2.70
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	143	80,246.25	561.16	.026	3821.25	14.78
ANCILLARIES	33	0	228,568.47	.00	.000	6926.32	42.09
INPATIENT CROSSOVERS	43	353	59,639.81	168.95	.065	1386.97	10.98
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	472	3,264	95,075.04	29.13	.601	201.43	17.51
MEDICAL	99	155	6,806.23	43.91	.029	68.75	1.25
SURGERY	32	44	1,976.80	44.93	.008	61.78	.36
PATHOLOGY	134	1,004	9,899.45	9.86	.185	73.88	1.82
RADIOLOGY	94	225	15,285.61	67.94	.041	162.61	2.82
ROOM USE	192	300	11,159.96	37.20	.055	58.12	2.06
CROSSOVERS/ALL OTH OUTPTNT	298	1,536	49,946.99	32.52	.283	167.61	9.20
@COUNTY HOSPITAL TOTAL	24	378	\$ 60,101.55	\$ 159.00	.070	\$ 2504.23	\$ 11.07
CO HOSPITAL INPATIENT TOTAL	6	48	48,101.62	1002.12	.009	8016.94	8.86
HSC HOSPITALS	5	40	43,502.75	1087.57	.007	8700.55	8.01
NON-HSC HOSPITALS TOTAL	1	5	3,758.87	751.77	.001	3758.87	.69
ACCOMMODATIONS	1	5	1,156.50	231.30	.001	1156.50	.21
ADMINISTRATIVE DAYS	1	5	1,156.50	231.30	.001	1156.50	.21
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	2,602.37	.00	.000	2602.37	.48

INPATIENT CROSSOVERS	1	3	840.00	280.00	.001	840.00	.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	18	330	11,999.93	36.36	.061	666.66	2.21
MEDICAL	10	23	1,022.33	44.45	.004	102.23	.19
SURGERY	9	18	263.13	14.62	.003	29.24	.05
PATHOLOGY	5	132	1,370.85	10.39	.024	274.17	.25
RADIOLOGY	4	14	1,604.18	114.58	.003	401.05	.30
ROOM USE	14	44	1,687.69	38.36	.008	120.55	.31
CROSSOVERS/ALL OTH OUTPTNT	9	99	6,051.75	61.13	.018	672.42	1.11

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,999
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

5,430 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	538	3,644	\$ 623,031.52	\$ 170.97	.671	\$ 1158.05	\$ 114.74
COMM HOSP INPATIENT TOTAL	107	710	539,956.41	760.50	.131	5046.32	99.44
HSC HOSPITALS	35	151	161,440.43	1069.14	.028	4612.58	29.73
NON-HSC HOSPITALS TOTAL	33	209	319,716.17	1529.74	.038	9688.37	58.88
ACCOMMODATIONS	33	209	93,750.07	448.56	.038	2840.91	17.27
ADMINISTRATIVE DAYS	14	66	13,503.82	204.60	.012	964.56	2.49
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	143	80,246.25	561.16	.026	3821.25	14.78
ANCILLARIES	33	0	225,966.10	.00	.000	6847.46	41.61
INPATIENT CROSSOVERS	42	350	58,799.81	168.00	.064	1400.00	10.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	464	2,934	83,075.11	28.31	.540	179.04	15.30
MEDICAL	93	132	5,783.90	43.82	.024	62.19	1.07
SURGERY	24	26	1,713.67	65.91	.005	71.40	.32
PATHOLOGY	133	872	8,528.60	9.78	.161	64.12	1.57
RADIOLOGY	92	211	13,681.43	64.84	.039	148.71	2.52
ROOM USE	182	256	9,472.27	37.00	.047	52.05	1.74
CROSSOVERS/ALL OTH OUTPTNT	293	1,437	43,895.24	30.55	.265	149.81	8.08
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	98	2,533	\$ 335,674.69	\$ 132.52	.466	\$ 3425.25	\$ 61.82
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	98	2,533	335,674.69	132.52	.466	3425.25	61.82
@INTERMEDIATE CARE FACIL.-DD	39	1,261	\$ 193,818.12	\$ 153.70	.232	\$ 4969.70	\$ 35.69
ICF DDH	27	890	126,003.03	141.58	.164	4666.78	23.20
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	371	67,815.09	182.79	.068	5651.26	12.49
@HEMODIALYSIS TOTAL	133	1,605	\$ 122,298.52	\$ 76.20	.296	\$ 919.54	\$ 22.52
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	133	1,605	122,298.52	76.20	.296	919.54	22.52
@REHABILITATION FACILITY	16	289	\$ 3,765.44	\$ 13.03	.053	\$ 235.34	\$.69
HOSPITAL BASED	4	12	285.51	23.79	.002	71.38	.05
INDEPENDENT FACILITY	12	277	3,479.93	12.56	.051	289.99	.64
@LABORATORY FACILITY	110	600	\$ 6,568.46	\$ 10.95	.110	\$ 59.71	\$ 1.21
PATHOLOGY	108	592	6,562.35	11.09	.109	60.76	1.21
XO AND OTHERS	2	8	6.11	.76	.001	3.06	.00
@ORGANIZED OUTPATIENT CLINIC	828	1,314	\$ 254,614.62	\$ 193.77	.242	\$ 307.51	\$ 46.89
CLINIC	25	58	1,603.17	27.64	.011	64.13	.30
SURGICENTER	2	2	224.69	112.35	.000	112.35	.04
HEROIN DETOX CLINIC	1	18	199.08	11.06	.003	199.08	.04

RURAL HEALTH CLINIC
 #CALIF DEPT OF HEALTH SERV
 MOP024
 CONTRA COSTA COUNT

802 1,236 252,587.68 204.36 .228 314.95 46.52
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,000
 FEE-FOR-SERVICE/DENTAL 01/29/04
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

5,430 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	873	246,516	\$ 333,291.95	\$ 1.35	45.399	\$ 381.78	\$ 61.38
DURABLE MED. EQUIP.	89	595	67,454.26	113.37	.110	757.91	12.42
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	13	19	5,989.98	315.26	.003	460.77	1.10
MEDICAL TRANSPORTATION	186	17,194	75,519.21	4.39	3.166	406.02	13.91
AMBULANCES/AIR TRANS	100	618	11,587.52	18.75	.114	115.88	2.13
OTHER TRANS	92	16,572	63,884.25	3.85	3.052	694.39	11.77
OTHER SERVICES	4	4	47.44	11.86	.001	11.86	.01
ACUPUNCTURE	15	86	1,524.64	17.73	.016	101.64	.28

ADULT DAY HEALTH CARE CTR	34	569		39,629.78	69.65	.105	1165.58	7.30
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	66	1,163		58,976.96	50.71	.214	893.59	10.86
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	61	176		4,717.49	26.80	.032	77.34	.87
PHYSICAL THERAPIST	3	8		91.66	11.46	.001	30.55	.02
PORTABLE X-RAY	1	3		81.04	27.01	.001	81.04	.01
PROSTHETIST/ORTHOTISTS	24	75		4,999.83	66.66	.014	208.33	.92
PROSTHETICS	22	72		4,901.82	68.08	.013	222.81	.90
ORTHOTICS	2	3		98.01	32.67	.001	49.01	.02
PSYCHOLOGIST	7	9		231.08	25.68	.002	33.01	.04
SPEECH AND AUDIOLOGY	32	93		6,226.20	66.95	.017	194.57	1.15
HOSPICE SERVICES	5	82		11,782.98	143.69	.015	2356.60	2.17
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	67	1,637		12,985.14	7.93	.301	193.81	2.39
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	384	224,807		43,081.70	.19	41.401	112.19	7.93
@CALIF. CHILDREN SERVICES*	94	2,662	\$	64,446.10	\$ 24.21	.490	\$ 685.60	\$ 11.87
@XOVER EXCLUDING STATE HOSP**	760	6,793	\$	195,065.74	\$ 28.72	1.251	\$ 256.67	\$ 35.92

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,001
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED	

170,971 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	130,001	7,419,984	\$ 102,039,915.99	\$ 13.75	43.399	\$ 784.92	\$ 596.83
@PHYSICIANS SERVICES	29,279	131,863	\$ 3,998,739.66	\$ 30.32	.771	\$ 136.57	\$ 23.39
OUTPATIENT VISITS	15,753	22,835	975,872.41	42.74	.134	61.95	5.71
OFFICE VISITS	8,670	11,646	364,082.60	31.26	.068	41.99	2.13
HOME VISITS	611	741	31,541.90	42.57	.004	51.62	.18
EMERGENCY ROOM	6,434	8,688	524,503.59	60.37	.051	81.52	3.07
PREVENTIVE CARE	9	9	401.27	44.59	.000	44.59	.00
OB VISITS/COMPRE PERI	33	74	4,020.87	54.34	.000	121.84	.02
OTHER OUTPATIENT	1,321	1,677	51,322.18	30.60	.010	38.85	.30
INPATIENT VISITS	3,111	19,384	913,483.78	47.13	.113	293.63	5.34
HOSPITAL VISITS	2,584	17,007	740,621.16	43.55	.099	286.62	4.33
CRITICAL CARE	245	966	127,462.86	131.95	.006	520.26	.75
SNF/ICF/TRANS IP CARE	522	1,411	45,399.76	32.18	.008	86.97	.27
OPHTHALMOLOGICAL SERVICES	498	617	25,367.45	41.11	.004	50.94	.15
EXAMINATIONS	494	613	25,253.58	41.20	.004	51.12	.15
SERVICES AND MATERIALS	4	4	113.87	28.47	.000	28.47	.00
INPATIENT HOSPITAL SURGERY	1,114	7,456	565,235.26	75.81	.044	507.39	3.31
PRINCIPAL SURGEON	800	1,355	424,075.49	312.97	.008	530.09	2.48
ASSISTANT SURGEON	84	90	21,719.36	241.33	.001	258.56	.13
ANESTHESIOLOGIST	450	6,011	119,440.41	19.87	.035	265.42	.70
OUTPATIENT SURGERY	1,688	3,537	263,123.01	74.39	.021	155.88	1.54
PRINCIPAL SURGEON	1,498	1,899	218,413.23	115.01	.011	145.80	1.28
ASSISTANT SURGEON	7	7	876.49	125.21	.000	125.21	.01
ANESTHESIOLOGIST	254	1,631	43,833.29	26.88	.010	172.57	.26
DIALYSIS	467	1,549	119,766.78	77.32	.009	256.46	.70
PATHOLOGY	3,144	22,806	92,154.03	4.04	.133	29.31	.54
RADIOLOGY	5,018	10,608	354,355.56	33.40	.062	70.62	2.07
PSYCHIATRY	11	17	398.87	23.46	.000	36.26	.00
IMMUNIZATION AND INJECTION	435	1,614	76,965.98	47.69	.009	176.93	.45
OTHER SERVICES/ALL X-OVERS	11,948	41,440	612,016.53	14.77	.242	51.22	3.58

@PHARMACY	95,784	1,518,781	\$	34,802,152.88	\$	22.91	8.883	\$	363.34	\$	203.56
PRESCRIPTION DRUGS	94,350	382,702		32,832,965.93		85.79	2.238		347.99		192.04
SNF/ICF	3,464	24,170		1,900,011.75		78.61	.141		548.50		11.11
OUTPATIENTS	91,269	358,532		30,932,954.18		86.28	2.097		338.92		180.93
MEDICAL SUPPLIES	9,488	1,136,079		1,969,186.95		1.73	6.645		207.54		11.52
@DENTIST	11,270	53,164	\$	2,151,664.70	\$	40.47	.311	\$	190.92	\$	12.58
VISITS - DIAGNOSTIC	7,377	32,379		378,183.37		11.68	.189		51.27		2.21
ORAL SURGERY	1,653	4,899		259,477.95		52.97	.029		156.97		1.52
DRUGS	79	87		1,400.00		16.09	.001		17.72		.01
ANESTHESIA	79	80		7,900.00		98.75	.000		100.00		.05
PERIODONTICS	1,072	1,106		161,409.50		145.94	.006		150.57		.94
ENDODONTICS	591	832		171,149.50		205.71	.005		289.59		1.00
RESTORATIVE DENTISTRY	3,241	9,106		690,669.50		75.85	.053		213.10		4.04
PROSTHETICS	97	100		2,955.00		29.55	.001		30.46		.02
DENTURES, STAYPLATES	1,437	4,004		467,991.89		116.88	.023		325.67		2.74
SPACE MAINTAINERS	7	9		330.00		36.67	.000		47.14		.00
MAXILLOFACIAL SERVICES	14	16		1,233.99		77.12	.000		88.14		.01
FRACTURES, DISLOCATIONS	1	1		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	104	123		8,485.00		68.98	.001		81.59		.05
ALL OTHER SERVICES	299	422		479.00		1.14	.002		1.60		.00

#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

PAGE 2,002 01/29/04

170,971 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				
@OPTOMETRIST	2,282	6,254	\$	133,850.18	\$	21.40	.037	\$	58.65	\$	.78
DIAGNOSTIC AND ANC. PROCED	1,016	1,032		47,059.82		45.60	.006		46.32		.28
EYE APPLIANCES	1,673	4,877		80,267.92		16.46	.029		47.98		.47
OTHER OPTOMETRIC SERVICES	203	345		6,522.44		18.91	.002		32.13		.04
@CHIROPRACTOR	86	175	\$	2,653.95	\$	15.17	.001	\$	30.86	\$	.02
VISITS	73	144		2,393.70		16.62	.001		32.79		.01
OTHER SERVICES	13	31		260.25		8.40	.000		20.02		.00
@PODIATRIST	1,714	2,696	\$	52,380.34	\$	19.43	.016	\$	30.56	\$	.31
MEDICINE/INJECTIONS	840	1,008		25,431.89		25.23	.006		30.28		.15
SURGERY/ANES.	279	308		5,600.80		18.18	.002		20.07		.03
RADIO./PATHOLOGY	48	65		1,154.80		17.77	.000		24.06		.01
OTHER	726	1,315		20,192.85		15.36	.008		27.81		.12
@HOME HEALTH AGENCY	544	29,611	\$	989,617.34	\$	33.42	.173	\$	1819.15	\$	5.79
NURSE ANESTHESIST	11	52	\$	1,213.28	\$	23.33	.000	\$	110.30	\$	.01
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	11	30	\$	301.81	\$	10.06	.000	\$	27.44	\$	.00
@TOTAL HOSPITAL	17,755	113,015	\$	24,087,853.01	\$	213.14	.661	\$	1356.68	\$	140.89
HOSP INPATIENT TOTAL	2,922	21,305		21,853,525.38		1025.75	.125		7478.96		127.82
HSC HOSPITALS	1,570	11,422		14,067,192.72		1231.59	.067		8960.00		82.28
NON-HSC HOSPITAL TOTAL	715	4,729		7,007,754.19		1481.87	.028		9801.05		40.99
ACCOMMODATIONS	714	4,729		2,259,423.29		477.78	.028		3164.46		13.22
ADMINISTRATIVE DAYS	181	1,729		391,713.47		226.55	.010		2164.16		2.29
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	549	3,000		1,867,709.82		622.57	.018		3402.02		10.92
ANCILLARIES	711	0		4,748,330.90		.00	.000		6678.38		27.77
INPATIENT CROSSOVERS	745	5,154		778,578.47		151.06	.030		1045.07		4.55
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	15,683	91,710		2,234,327.63		24.36	.536		142.47		13.07
MEDICAL	3,281	5,154		189,100.31		36.69	.030		57.63		1.11
SURGERY	939	1,113		51,819.36		46.56	.007		55.19		.30
PATHOLOGY	4,960	30,034		302,218.96		10.06	.176		60.93		1.77
RADIOLOGY	3,603	5,736		383,773.25		66.91	.034		106.51		2.24
ROOM USE	8,405	12,125		443,024.12		36.54	.071		52.71		2.59

CROSSOVERS/ALL OTH OUTPTNT	8,866	37,548		864,391.63		23.02	.220	97.50	5.06
@COUNTY HOSPITAL TOTAL	1,359	8,170	\$	4,105,373.10	\$	502.49	.048	\$ 3020.88	\$ 24.01
CO HOSPITAL INPATIENT TOTAL	708	5,034		4,016,494.39		797.87	.029	5673.01	23.49
HSC HOSPITALS	543	3,250		3,670,759.41		1129.46	.019	6760.15	21.47
NON-HSC HOSPITALS TOTAL	28	501		221,246.06		441.61	.003	7901.65	1.29
ACCOMMODATIONS	28	501		116,814.85		233.16	.003	4171.96	.68
ADMINISTRATIVE DAYS	26	490		112,575.24		229.75	.003	4329.82	.66
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	2	11		4,239.61		385.42	.000	2119.81	.02
ANCILLARIES	28	0		104,431.21		.00	.000	3729.69	.61
INPATIENT CROSSOVERS	150	1,283		124,488.92		97.03	.008	829.93	.73
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	667	3,136		88,878.71		28.34	.018	133.25	.52
MEDICAL	202	289		10,696.46		37.01	.002	52.95	.06
SURGERY	84	108		4,649.37		43.05	.001	55.35	.03
PATHOLOGY	242	1,071		14,370.86		13.42	.006	59.38	.08
RADIOLOGY	122	204		19,852.66		97.32	.001	162.73	.12
ROOM USE	412	575		22,829.46		39.70	.003	55.41	.13
CROSSOVERS/ALL OTH OUTPTNT	273	889		16,479.90		18.54	.005	60.37	.10

#CALIF DEPT OF HEALTH SERV MOP024
CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

PAGE 2,003
01/29/04

	170,971 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16,668	104,845	\$	19,982,479.91	\$ 190.59	.613	\$ 1198.85	\$ 116.88
COMM HOSP INPATIENT TOTAL	2,265	16,271		17,837,030.99	1096.25	.095	7875.07	104.33
HSC HOSPITALS	1,056	8,172		10,396,433.31	1272.20	.048	9845.11	60.81
NON-HSC HOSPITALS TOTAL	688	4,228		6,786,508.13	1605.13	.025	9864.11	39.69
ACCOMMODATIONS	687	4,228		2,142,608.44	506.77	.025	3118.79	12.53
ADMINISTRATIVE DAYS	155	1,239		279,138.23	225.29	.007	1800.89	1.63
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	547	2,989		1,863,470.21	623.44	.017	3406.71	10.90
ANCILLARIES	684	0		4,643,899.69	.00	.000	6789.33	27.16
INPATIENT CROSSOVERS	595	3,871		654,089.55	168.97	.023	1099.31	3.83
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	15,142	88,574		2,145,448.92	24.22	.518	141.69	12.55
MEDICAL	3,093	4,865		178,403.85	36.67	.028	57.68	1.04
SURGERY	857	1,005		47,169.99	46.94	.006	55.04	.28
PATHOLOGY	4,738	28,963		287,848.10	9.94	.169	60.75	1.68
RADIOLOGY	3,490	5,532		363,920.59	65.78	.032	104.28	2.13
ROOM USE	8,063	11,550		420,194.66	36.38	.068	52.11	2.46
CROSSOVERS/ALL OTH OUTPTNT	8,618	36,659		847,911.73	23.13	.214	98.39	4.96
@STATE HOSPITAL	12	435	\$	250,846.82	\$ 576.66	.003	\$ 20903.90	\$ 1.47
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	435		250,846.82	576.66	.003	20903.90	1.47
@NURSING FACILITY	2,071	56,561	\$	8,963,516.22	\$ 158.48	.331	\$ 4328.11	\$ 52.43
LEV A-INTERMEDIATE	10	479		40,237.18	84.00	.003	4023.72	.24
LEV B-REHAB MD	80	2,667		351,318.98	131.73	.016	4391.49	2.05
LEV B-SUBACUTE FREESTANDING	29	891		518,368.71	581.78	.005	17874.78	3.03
LEV B-SUBACUTE HSPTL BASED	59	1,875		924,550.53	493.09	.011	15670.35	5.41
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1,896	50,649		7,129,040.82	140.75	.296	3760.04	41.70
@INTERMEDIATE CARE FACIL.-DD	777	24,758	\$	4,057,565.71	\$ 163.89	.145	\$ 5222.09	\$ 23.73
ICF DDH	434	14,205		2,102,274.51	148.00	.083	4843.95	12.30
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	343	10,553		1,955,291.20	185.28	.062	5700.56	11.44
@HEMODIALYSIS TOTAL	1,641	37,359	\$	1,853,598.42	\$ 49.62	.219	\$ 1129.55	\$ 10.84
HOSPITAL BASED	4	60		23,454.00	390.90	.000	5863.50	.14
HEMODIALYSIS CENTER	1,637	37,299		1,830,144.42	49.07	.218	1117.99	10.70

@REHABILITATION FACILITY	419	6,881	\$	90,527.09	\$	13.16	.040	\$	216.06	\$	.53
HOSPITAL BASED	170	553		16,446.38		29.74	.003		96.74		.10
INDEPENDENT FACILITY	249	6,328		74,080.71		11.71	.037		297.51		.43
@LABORATORY FACILITY	3,623	19,532	\$	236,153.50	\$	12.09	.114	\$	65.18	\$	1.38
PATHOLOGY	3,557	19,409		234,848.50		12.10	.114		66.02		1.37
XO AND OTHERS	69	123		1,305.00		10.61	.001		18.91		.01
@ORGANIZED OUTPATIENT CLINIC	36,358	63,043	\$	14,229,506.28	\$	225.71	.369	\$	391.37	\$	83.23
CLINIC	914	3,078		106,536.66		34.61	.018		116.56		.62
SURGICENTER	42	93		6,895.31		74.14	.001		164.17		.04
HEROIN DETOX CLINIC	65	707		8,073.80		11.42	.004		124.21		.05
RURAL HEALTH CLINIC	35,606	59,165		14,108,000.51		238.45	.346		396.23		82.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,004
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED										

						----- MONTHLY AVERAGE -----			
170,971 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	23,276	5,355,774	\$ 6,137,774.80	\$ 1.15	31.326	\$ 263.70	\$ 35.90		
DURABLE MED. EQUIP.	2,023	11,273	1,317,646.77	116.89	.066	651.33	7.71		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	95	143	37,051.94	259.10	.001	390.02	.22		
MEDICAL TRANSPORTATION	5,088	144,803	1,041,117.20	7.19	.847	204.62	6.09		
AMBULANCES/AIR TRANS	4,163	39,303	597,317.11	15.20	.230	143.48	3.49		
OTHER TRANS	990	104,768	422,398.89	4.03	.613	426.67	2.47		
OTHER SERVICES	86	732	21,401.20	29.24	.004	248.85	.13		
ACUPUNCTURE	345	1,174	20,762.42	17.69	.007	60.18	.12		
ADULT DAY HEALTH CARE CTR	880	11,396	790,659.66	69.38	.067	898.48	4.62		
GENETIC DISEASE TESTING	20	20	2,100.00	105.00	.000	105.00	.01		
IHMC,MODEL-NF,NF,AIDS,MSSP	733	10,438	594,874.16	56.99	.061	811.56	3.48		
OCCUPATIONAL THERAPIST	2	2	36.08	18.04	.000	18.04	.00		
OPTICIAN	3,426	8,249	102,883.90	12.47	.048	30.03	.60		
PHYSICAL THERAPIST	2	6	35.28	5.88	.000	17.64	.00		
PORTABLE X-RAY	84	169	2,245.94	13.29	.001	26.74	.01		
PROSTHETIST/ORTHOTISTS	526	1,881	197,090.50	104.78	.011	374.70	1.15		
PROSTHETICS	485	1,822	193,249.43	106.06	.011	398.45	1.13		
ORTHOTICS	43	59	3,841.07	65.10	.000	89.33	.02		
PSYCHOLOGIST	190	450	6,665.30	14.81	.003	35.08	.04		
SPEECH AND AUDIOLOGY	1,143	3,622	188,251.47	51.97	.021	164.70	1.10		
HOSPICE SERVICES	87	1,792	269,635.62	150.47	.010	3099.26	1.58		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00		
LOCAL EDUCATION AGENCIES	3,607	73,143	576,476.11	7.88	.428	159.82	3.37		
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00		
ALL OTHER PROVIDERS	7,214	5,087,213	990,242.45	.19	29.755	137.27	5.79		
@CALIF. CHILDREN SERVICES*	2,972	111,486	\$ 5,580,784.92	\$ 50.06	.652	\$ 1877.79	\$ 32.64		
@XOVER EXCLUDING STATE HOSP**	15,480	178,359	\$ 3,271,060.96	\$ 18.34	1.043	\$ 211.31	\$ 19.13		

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,005
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES										

						----- MONTHLY AVERAGE -----			
45,190 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	55,804	318,351	\$ 16,880,520.49	\$ 53.02	7.045	\$ 302.50	\$ 373.55		
@PHYSICIANS SERVICES	5,139	13,755	\$ 801,246.59	\$ 58.25	.304	\$ 155.91	\$ 17.73		
OUTPATIENT VISITS	3,737	4,974	200,077.52	40.22	.110	53.54	4.43		
OFFICE VISITS	2,016	2,474	90,662.15	36.65	.055	44.97	2.01		

HOME VISITS	1	1	37.42	37.42	.000	37.42	.00
EMERGENCY ROOM	1,402	1,576	79,898.57	50.70	.035	56.99	1.77
PREVENTIVE CARE	39	39	1,621.61	41.58	.001	41.58	.04
OB VISITS/COMPRE PERI	102	478	11,755.84	24.59	.011	115.25	.26
OTHER OUTPATIENT	336	406	16,101.93	39.66	.009	47.92	.36
INPATIENT VISITS	497	2,651	278,506.63	105.06	.059	560.38	6.16
HOSPITAL VISITS	414	1,395	71,000.08	50.90	.031	171.50	1.57
CRITICAL CARE	132	1,256	207,506.55	165.21	.028	1572.02	4.59
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	50	58	2,811.80	48.48	.001	56.24	.06
EXAMINATIONS	49	57	2,809.26	49.29	.001	57.33	.06
SERVICES AND MATERIALS	1	1	2.54	2.54	.000	2.54	.00
INPATIENT HOSPITAL SURGERY	302	1,676	174,063.95	103.86	.037	576.37	3.85
PRINCIPAL SURGEON	203	321	130,968.45	408.00	.007	645.16	2.90
ASSISTANT SURGEON	23	25	5,469.46	218.78	.001	237.80	.12
ANESTHESIOLOGIST	135	1,330	37,626.04	28.29	.029	278.71	.83

OUTPATIENT SURGERY	343	682	53,364.65	78.25	.015	155.58	1.18
PRINCIPAL SURGEON	287	331	40,882.33	123.51	.007	142.45	.90
ASSISTANT SURGEON	2	2	431.06	215.53	.000	215.53	.01
ANESTHESIOLOGIST	82	349	12,051.26	34.53	.008	146.97	.27
DIALYSIS	2	4	540.98	135.25	.000	270.49	.01
PATHOLOGY	582	1,520	9,900.28	6.51	.034	17.01	.22
RADIOLOGY	697	988	45,034.87	45.58	.022	64.61	1.00
PSYCHIATRY	3	6	303.44	50.57	.000	101.15	.01
IMMUNIZATION AND INJECTION	119	198	2,314.72	11.69	.004	19.45	.05
OTHER SERVICES/ALL X-OVERS	594	998	34,327.75	34.40	.022	57.79	.76
@PHARMACY	6,751	35,772	\$ 1,222,177.07	\$ 34.17	.792	\$ 181.04	\$ 27.05
PRESCRIPTION DRUGS	6,652	15,033	1,167,507.37	77.66	.333	175.51	25.84
SNF/ICF	10	46	6,823.03	148.33	.001	682.30	.15
OUTPATIENTS	6,646	14,987	1,160,684.34	77.45	.332	174.64	25.68
MEDICAL SUPPLIES	270	20,739	54,669.70	2.64	.459	202.48	1.21
@DENTIST	16,386	93,483	\$ 2,676,071.82	\$ 28.63	2.069	\$ 163.31	\$ 59.22
VISITS - DIAGNOSTIC	12,252	64,046	863,113.04	13.48	1.417	70.45	19.10
ORAL SURGERY	2,380	4,815	292,523.50	60.75	.107	122.91	6.47
DRUGS	772	883	19,553.75	22.14	.020	25.33	.43
ANESTHESIA	100	101	9,300.00	92.08	.002	93.00	.21
PERIODONTICS	451	469	64,064.00	136.60	.010	142.05	1.42
ENDODONTICS	1,316	2,373	276,993.90	116.73	.053	210.48	6.13
RESTORATIVE DENTISTRY	6,094	18,403	1,004,967.70	54.61	.407	164.91	22.24
PROSTHETICS	40	41	890.00	21.71	.001	22.25	.02
DENTURES, STAYPLATES	236	920	69,279.00	75.30	.020	293.56	1.53
SPACE MAINTAINERS	109	131	12,732.00	97.19	.003	116.81	.28
MAXILLOFACIAL SERVICES	26	26	2,887.43	111.06	.001	111.06	.06
FRACTURES, DISLOCATIONS	1	1	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	681	809	59,457.50	73.50	.018	87.31	1.32
ALL OTHER SERVICES	364	465	310.00	.67	.010	.85	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,006
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES						

45,190 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	342	942	\$ 22,220.01	\$ 23.59	.021	\$ 64.97	\$.49
DIAGNOSTIC AND ANC. PROCED	253	254	11,720.45	46.14	.006	46.33	.26
EYE APPLIANCES	242	683	10,203.44	14.94	.015	42.16	.23
OTHER OPTOMETRIC SERVICES	5	5	296.12	59.22	.000	59.22	.01
@CHIROPRACTOR	49	83	\$ 1,387.76	\$ 16.72	.002	\$ 28.32	\$.03
VISITS	49	83	1,387.76	16.72	.002	28.32	.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	11	22	\$ 1,017.23	\$ 46.24	.000	\$ 92.48	\$.02
MEDICINE/INJECTIONS	10	12	552.01	46.00	.000	55.20	.01
SURGERY/ANES.	1	2	101.26	50.63	.000	101.26	.00
RADIO./PATHOLOGY	3	5	88.22	17.64	.000	29.41	.00
OTHER	2	3	275.74	91.91	.000	137.87	.01
@HOME HEALTH AGENCY	20	1,734	\$ 51,652.07	\$ 29.79	.038	\$ 2582.60	\$ 1.14
NURSE ANESTHESIST	11	62	\$ 1,445.40	\$ 23.31	.001	\$ 131.40	\$.03
NURSE MIDWIFE	6	21	\$ 2,906.97	\$ 138.43	.000	\$ 484.50	\$.06
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	12	19	\$ 491.45	\$ 25.87	.000	\$ 40.95	\$.01
@TOTAL HOSPITAL	3,159	13,348	\$ 4,279,451.04	\$ 320.61	.295	\$ 1354.69	\$ 94.70
HOSP INPATIENT TOTAL	400	2,429	3,919,082.83	1613.46	.054	9797.71	86.72
HSC HOSPITALS	327	2,120	3,449,508.78	1627.13	.047	10548.96	76.33
NON-HSC HOSPITAL TOTAL	76	305	468,734.05	1536.83	.007	6167.55	10.37
ACCOMMODATIONS	75	305	198,161.07	649.71	.007	2642.15	4.39
ADMINISTRATIVE DAYS	6	45	9,714.60	215.88	.001	1619.10	.21
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	69	260	188,446.47	724.79	.006	2731.11	4.17	
ANCILLARIES	76	0	270,572.98	.00	.000	3560.17	5.99	
INPATIENT CROSSOVERS	1	4	840.00	210.00	.000	840.00	.02	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	2,827	10,919	360,368.21	33.00	.242	127.47	7.97	
MEDICAL	664	946	55,510.81	58.68	.021	83.60	1.23	
SURGERY	221	263	11,546.93	43.90	.006	52.25	.26	
PATHOLOGY	872	3,993	44,969.01	11.26	.088	51.57	1.00	
RADIOLOGY	631	813	49,717.24	61.15	.018	78.79	1.10	
ROOM USE	2,248	2,873	107,661.40	37.47	.064	47.89	2.38	
CROSSOVERS/ALL OTH OUTPTNT	1,021	2,031	90,962.82	44.79	.045	89.09	2.01	
@COUNTY HOSPITAL TOTAL	145	596	\$ 292,050.92	\$ 490.02	.013	\$ 2014.14	\$ 6.46	
CO HOSPITAL INPATIENT TOTAL	71	255	282,561.66	1108.08	.006	3979.74	6.25	
HSC HOSPITALS	71	251	280,805.67	1118.75	.006	3955.01	6.21	
NON-HSC HOSPITALS TOTAL	1	4	1,755.99	439.00	.000	1755.99	.04	
ACCOMMODATIONS	1	4	462.60	115.65	.000	462.60	.01	
ADMINISTRATIVE DAYS	1	4	462.60	115.65	.000	462.60	.01	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	1	0	1,293.39	.00	.000	1293.39	.03	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	75	341	9,489.26	27.83	.008	126.52	.21	
MEDICAL	22	29	952.49	32.84	.001	43.30	.02	
SURGERY	17	23	767.77	33.38	.001	45.16	.02	
PATHOLOGY	38	146	2,148.71	14.72	.003	56.55	.05	
RADIOLOGY	8	9	766.78	85.20	.000	95.85	.02	
ROOM USE	55	80	3,506.06	43.83	.002	63.75	.08	
CROSSOVERS/ALL OTH OUTPTNT	30	54	1,347.45	24.95	.001	44.92	.03	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,007
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES							

45,190 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,027	12,752	\$ 3,987,400.12	\$ 312.69	.282	\$ 1317.28	\$ 88.24
COMM HOSP INPATIENT TOTAL	332	2,174	3,636,521.17	1672.73	.048	10953.38	80.47
HSC HOSPITALS	258	1,869	3,168,703.11	1695.40	.041	12281.80	70.12
NON-HSC HOSPITALS TOTAL	75	301	466,978.06	1551.42	.007	6226.37	10.33
ACCOMMODATIONS	74	301	197,698.47	656.81	.007	2671.60	4.37
ADMINISTRATIVE DAYS	5	41	9,252.00	225.66	.001	1850.40	.20
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	69	260	188,446.47	724.79	.006	2731.11	4.17
ANCILLARIES	75	0	269,279.59	.00	.000	3590.39	5.96
INPATIENT CROSSOVERS	1	4	840.00	210.00	.000	840.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,758	10,578	350,878.95	33.17	.234	127.22	7.76
MEDICAL	643	917	54,558.32	59.50	.020	84.85	1.21
SURGERY	204	240	10,779.16	44.91	.005	52.84	.24
PATHOLOGY	834	3,847	42,820.30	11.13	.085	51.34	.95
RADIOLOGY	623	804	48,950.46	60.88	.018	78.57	1.08
ROOM USE	2,196	2,793	104,155.34	37.29	.062	47.43	2.30
CROSSOVERS/ALL OTH OUTPTNT	991	1,977	89,615.37	45.33	.044	90.43	1.98
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	41	\$ 15,659.43	\$ 381.94	.001	\$ 3914.86	\$.35
HOSPITAL BASED	2	39	15,245.10	390.90	.001	7622.55	.34
HEMODIALYSIS CENTER	2	2	414.33	207.17	.000	207.17	.01
@REHABILITATION FACILITY	78	641	\$ 11,474.72	\$ 17.90	.014	\$ 147.11	\$.25
HOSPITAL BASED	43	171	5,759.57	33.68	.004	133.94	.13
INDEPENDENT FACILITY	35	470	5,715.15	12.16	.010	163.29	.13
@LABORATORY FACILITY	642	2,000	\$ 29,236.21	\$ 14.62	.044	\$ 45.54	\$.65
PATHOLOGY	642	2,000	29,236.21	14.62	.044	45.54	.65
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	23,809	34,335	\$ 7,202,918.41	\$ 209.78	.760	\$ 302.53	\$ 159.39
CLINIC	595	2,948	70,886.51	24.05	.065	119.14	1.57
SURGICENTER	5	30	1,053.84	35.13	.001	210.77	.02
HEROIN DETOX CLINIC	9	129	1,432.05	11.10	.003	159.12	.03
RURAL HEALTH CLINIC	23,266	31,228	7,129,546.01	228.31	.691	306.44	157.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,008
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES						

45,190 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8,878	122,093	\$ 561,164.31	\$ 4.60	2.702	\$ 63.21	\$ 12.42
DURABLE MED. EQUIP.	75	222	28,191.21	126.99	.005	375.88	.62
BLOOD BANK	3	792	2,376.00	3.00	.018	792.00	.05
HEARING AID DISPENSERS	2	12	1,354.19	112.85	.000	677.10	.03
MEDICAL TRANSPORTATION	383	3,927	71,267.96	18.15	.087	186.08	1.58
AMBULANCES/AIR TRANS	380	3,881	53,029.88	13.66	.086	139.55	1.17
OTHER TRANS	10	36	238.08	6.61	.001	23.81	.01
OTHER SERVICES	10	10	18,000.00	1800.00	.000	1800.00	.40
ACUPUNCTURE	32	100	1,816.58	18.17	.002	56.77	.04
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	137	139	13,854.50	99.67	.003	101.13	.31
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,926	4,073	36,636.97	9.00	.090	19.02	.81
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	34	101	17,072.31	169.03	.002	502.13	.38
PROSTHETICS	30	97	16,734.54	172.52	.002	557.82	.37
ORTHOTICS	4	4	337.77	84.44	.000	84.44	.01
PSYCHOLOGIST	13	117	6,932.63	59.25	.003	533.28	.15
SPEECH AND AUDIOLOGY	23	61	3,821.85	62.65	.001	166.17	.08
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6,303	33,204	365,524.50	11.01	.735	57.99	8.09
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	49	79,345	12,315.61	.16	1.756	251.34	.27
@CALIF. CHILDREN SERVICES*	1,440	14,757	\$ 3,517,920.12	\$ 238.39	.327	\$ 2443.00	\$ 77.85
@XOVER EXCLUDING STATE HOSP**	15	795	\$ 1,982.11	\$ 2.49	.018	\$ 132.14	\$.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	293,486 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
						UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	242,739	11,189,100	\$	149,566,770.72	\$ 13.37	38.125	\$	616.16	\$ 509.62
@PHYSICIANS SERVICES	43,728	177,071	\$	5,300,081.74	\$ 29.93	.603	\$	121.21	\$ 18.06
OUTPATIENT VISITS	20,362	29,055		1,226,843.11	42.22	.099		60.25	4.18
OFFICE VISITS	11,318	14,974		482,513.24	32.22	.051		42.63	1.64
HOME VISITS	633	773		32,894.32	42.55	.003		51.97	.11
EMERGENCY ROOM	8,049	10,528		623,305.04	59.20	.036		77.44	2.12
PREVENTIVE CARE	48	48		2,022.88	42.14	.000		42.14	.01
OB VISITS/COMPRE PERI	139	558		16,271.25	29.16	.002		117.06	.06
OTHER OUTPATIENT	1,724	2,174		69,836.38	32.12	.007		40.51	.24
INPATIENT VISITS	3,764	22,769		1,225,059.12	53.80	.078		325.47	4.17
HOSPITAL VISITS	3,132	19,083		841,729.45	44.11	.065		268.75	2.87
CRITICAL CARE	388	2,239		337,036.61	150.53	.008		868.65	1.15
SNF/ICF/TRANS IP CARE	546	1,447		46,293.06	31.99	.005		84.79	.16
OPHTHALMOLOGICAL SERVICES	702	865		36,047.19	41.67	.003		51.35	.12
EXAMINATIONS	696	859		35,894.38	41.79	.003		51.57	.12
SERVICES AND MATERIALS	6	6		152.81	25.47	.000		25.47	.00
INPATIENT HOSPITAL SURGERY	1,468	9,415		758,468.60	80.56	.032		516.67	2.58
PRINCIPAL SURGEON	1,038	1,725		568,423.74	329.52	.006		547.61	1.94
ASSISTANT SURGEON	113	122		28,887.11	236.78	.000		255.64	.10
ANESTHESIOLOGIST	601	7,568		161,157.75	21.29	.026		268.15	.55
OUTPATIENT SURGERY	2,145	4,480		344,961.97	77.00	.015		160.82	1.18
PRINCIPAL SURGEON	1,879	2,357		284,467.63	120.69	.008		151.39	.97
ASSISTANT SURGEON	10	10		1,438.79	143.88	.000		143.88	.00
ANESTHESIOLOGIST	359	2,113		59,055.55	27.95	.007		164.50	.20
DIALYSIS	499	1,657		128,627.22	77.63	.006		257.77	.44
PATHOLOGY	3,868	25,518		106,487.69	4.17	.087		27.53	.36
RADIOLOGY	5,980	12,174		423,246.14	34.77	.041		70.78	1.44
PSYCHIATRY	14	23		702.31	30.54	.000		50.17	.00
IMMUNIZATION AND INJECTION	578	1,838		81,018.86	44.08	.006		140.17	.28
OTHER SERVICES/ALL X-OVERS	20,815	69,277		968,619.53	13.98	.236		46.53	3.30
@PHARMACY	150,454	2,304,118	\$	48,389,660.06	\$ 21.00	7.851	\$	321.62	\$ 164.88
PRESCRIPTION DRUGS	148,215	570,340		45,893,162.43	80.47	1.943		309.64	156.37
SNF/ICF	5,170	34,044		2,424,462.73	71.22	.116		468.95	8.26
OUTPATIENTS	143,591	536,296		43,468,699.70	81.05	1.827		302.73	148.11
MEDICAL SUPPLIES	14,724	1,733,778		2,496,497.63	1.44	5.908		169.55	8.51
@DENTIST	31,052	160,765	\$	5,502,100.17	\$ 34.22	.548	\$	177.19	\$ 18.75
VISITS - DIAGNOSTIC	21,730	104,445		1,334,457.02	12.78	.356		61.41	4.55
ORAL SURGERY	4,541	11,085		620,104.20	55.94	.038		136.56	2.11
DRUGS	853	972		20,953.75	21.56	.003		24.56	.07
ANESTHESIA	191	193		18,400.00	95.34	.001		96.34	.06
PERIODONTICS	1,778	1,838		258,154.00	140.45	.006		145.19	.88
ENDODONTICS	2,038	3,395		487,668.40	143.64	.012		239.29	1.66
RESTORATIVE DENTISTRY	10,026	29,498		1,861,641.45	63.11	.101		185.68	6.34
PROSTHETICS	173	187		5,215.00	27.89	.001		30.14	.02
DENTURES, STAYPLATES	2,570	7,007		808,566.43	115.39	.024		314.62	2.76
SPACE MAINTAINERS	116	140		13,062.00	93.30	.000		112.60	.04
MAXILLOFACIAL SERVICES	42	44		4,171.42	94.81	.000		99.32	.01
FRACTURES, DISLOCATIONS	2	2		.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	787	936		68,832.50	73.54	.003		87.46	.23
ALL OTHER SERVICES	761	1,023		874.00	.85	.003		1.15	.00

293,486 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3,816	10,947	\$	224,019.39	\$ 20.46	.037	\$ 58.71	\$.76
DIAGNOSTIC AND ANC. PROCED	1,434	1,456		66,137.90	45.42	.005	46.12	.23
EYE APPLIANCES	2,894	8,848		144,839.16	16.37	.030	50.05	.49
OTHER OPTOMETRIC SERVICES	392	643		13,042.33	20.28	.002	33.27	.04
@CHIROPRACTOR	149	283	\$	4,394.02	\$ 15.53	.001	\$ 29.49	\$.01
VISITS	133	246		4,098.24	16.66	.001	30.81	.01
OTHER SERVICES	16	37		295.78	7.99	.000	18.49	.00
@PODIATRIST	2,589	4,145	\$	68,032.40	\$ 16.41	.014	\$ 26.28	\$.23
MEDICINE/INJECTIONS	904	1,084		27,478.20	25.35	.004	30.40	.09
SURGERY/ANES.	284	315		5,797.85	18.41	.001	20.41	.02
RADIO./PATHOLOGY	51	70		1,243.02	17.76	.000	24.37	.00
OTHER	1,538	2,676		33,513.33	12.52	.009	21.79	.11
@HOME HEALTH AGENCY	609	34,345	\$	1,136,960.94	\$ 33.10	.117	\$ 1866.93	\$ 3.87
NURSE ANESTHESIST	22	114	\$	2,658.68	\$ 23.32	.000	\$ 120.85	\$.01

NURSE MIDWIFE	6	21	\$	2,906.97	\$	138.43	.000	\$	484.50	\$	.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	38	73	\$	1,375.49	\$	18.84	.000	\$	36.20	\$	.00
@TOTAL HOSPITAL	26,057	154,726	\$	33,049,125.57	\$	213.60	.527	\$	1268.34	\$	112.61
HOSP INPATIENT TOTAL	4,382	29,780		29,986,248.42		1006.93	.101		6843.05		102.17
HSC HOSPITALS	2,184	15,041		18,923,855.94		1258.15	.051		8664.77		64.48
NON-HSC HOSPITAL TOTAL	1,041	6,356		9,791,688.71		1540.54	.022		9406.04		33.36
ACCOMMODATIONS	1,039	6,356		3,126,663.95		491.92	.022		3009.30		10.65
ADMINISTRATIVE DAYS	244	2,023		446,587.77		220.76	.007		1830.28		1.52
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	820	4,333		2,680,076.18		618.53	.015		3268.39		9.13
ANCILLARIES	1,035	0		6,665,024.76		.00	.000		6439.64		22.71
INPATIENT CROSSOVERS	1,287	8,383		1,270,703.77		151.58	.029		987.34		4.33
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	22,782	124,946		3,062,877.15		24.51	.426		134.44		10.44
MEDICAL	4,120	6,383		256,547.54		40.19	.022		62.27		.87
SURGERY	1,214	1,444		67,361.31		46.65	.005		55.49		.23
PATHOLOGY	6,096	35,635		363,504.65		10.20	.121		59.63		1.24
RADIOLOGY	4,403	6,921		458,390.50		66.23	.024		104.11		1.56
ROOM USE	10,942	15,429		566,408.52		36.71	.053		51.76		1.93
CROSSOVERS/ALL OTH OUTPTNT	13,823	59,134		1,350,664.63		22.84	.201		97.71		4.60
@COUNTY HOSPITAL TOTAL	1,675	9,921	\$	4,828,768.87	\$	486.72	.034	\$	2882.85	\$	16.45
CO HOSPITAL INPATIENT TOTAL	870	5,903		4,713,933.46		798.57	.020		5418.31		16.06
HSC HOSPITALS	685	3,901		4,348,095.74		1114.61	.013		6347.59		14.82
NON-HSC HOSPITALS TOTAL	30	510		226,760.92		444.63	.002		7558.70		.77
ACCOMMODATIONS	30	510		118,433.95		232.22	.002		3947.80		.40
ADMINISTRATIVE DAYS	28	499		114,194.34		228.85	.002		4078.37		.39
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	11		4,239.61		385.42	.000		2119.81		.01
ANCILLARIES	30	0		108,326.97		.00	.000		3610.90		.37
INPATIENT CROSSOVERS	170	1,492		139,076.80		93.22	.005		818.10		.47
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	823	4,018		114,835.41		28.58	.014		139.53		.39
MEDICAL	245	358		13,404.54		37.44	.001		54.71		.05
SURGERY	118	158		5,864.74		37.12	.001		49.70		.02
PATHOLOGY	292	1,367		18,118.95		13.25	.005		62.05		.06
RADIOLOGY	138	233		22,861.39		98.12	.001		165.66		.08
ROOM USE	497	721		28,993.37		40.21	.002		58.34		.10
CROSSOVERS/ALL OTH OUTPTNT	361	1,181		25,592.42		21.67	.004		70.89		.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,011
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL										

			----- MONTHLY AVERAGE -----							
293,486 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE			
@COMMUNITY HOSPITAL TOTAL	24,687	144,805	\$ 28,220,356.70	\$ 194.89	.493	\$ 1143.13	\$ 96.16			
COMM HOSP INPATIENT TOTAL	3,569	23,877	25,272,314.96	1058.44	.081	7081.06	86.11			
HSC HOSPITALS	1,531	11,140	14,575,760.20	1308.42	.038	9520.42	49.66			
NON-HSC HOSPITALS TOTAL	1,013	5,846	9,564,927.79	1636.15	.020	9442.18	32.59			
ACCOMMODATIONS	1,011	5,846	3,008,230.00	514.58	.020	2975.50	10.25			
ADMINISTRATIVE DAYS	217	1,524	332,393.43	218.11	.005	1531.77	1.13			
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00			
ALL OTHER ACCOM	818	4,322	2,675,836.57	619.12	.015	3271.19	9.12			
ANCILLARIES	1,007	0	6,556,697.79	.00	.000	6511.12	22.34			
INPATIENT CROSSOVERS	1,117	6,891	1,131,626.97	164.22	.023	1013.09	3.86			
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00			
COMM HOSP OUTPATIENT TOTAL	22,106	120,928	2,948,041.74	24.38	.412	133.36	10.04			
MEDICAL	3,895	6,025	243,143.00	40.36	.021	62.42	.83			
SURGERY	1,099	1,286	61,496.57	47.82	.004	55.96	.21			
PATHOLOGY	5,828	34,268	345,385.70	10.08	.117	59.26	1.18			

RADIOLOGY	4,276	6,688		435,529.11	65.12	.023	101.85	1.48
ROOM USE	10,523	14,708		537,415.15	36.54	.050	51.07	1.83
CROSSOVERS/ALL OTH OUTPTNT	13,494	57,953		1,325,072.21	22.86	.197	98.20	4.51
@STATE HOSPITAL	12	435	\$	250,846.82	\$ 576.66	.001	\$ 20903.90	\$.85
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	435		250,846.82	576.66	.001	20903.90	.85
@NURSING FACILITY	3,898	103,259	\$	15,561,182.84	\$ 150.70	.352	\$ 3992.09	\$ 53.02
LEV A-INTERMEDIATE	19	828		67,831.78	81.92	.003	3570.09	.23
LEV B-REHAB MD	80	2,667		351,318.98	131.73	.009	4391.49	1.20
LEV B-SUBACUTE FREESTANDING	30	898		520,968.79	580.14	.003	17365.63	1.78
LEV B-SUBACUTE HSPTL BASED	59	1,875		924,550.53	493.09	.006	15670.35	3.15
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	3,713	96,991		13,696,512.76	141.21	.330	3688.80	46.67
@INTERMEDIATE CARE FACIL.-DD	816	26,019	\$	4,251,383.83	\$ 163.40	.089	\$ 5210.03	\$ 14.49
ICF DDH	461	15,095		2,228,277.54	147.62	.051	4833.57	7.59
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	355	10,924		2,023,106.29	185.20	.037	5698.89	6.89
@HEMODIALYSIS TOTAL	2,292	39,806	\$	2,286,272.55	\$ 57.44	.136	\$ 997.50	\$ 7.79
HOSPITAL BASED	6	99		38,699.10	390.90	.000	6449.85	.13
HEMODIALYSIS CENTER	2,286	39,707		2,247,573.45	56.60	.135	983.19	7.66
@REHABILITATION FACILITY	515	7,814	\$	105,854.04	\$ 13.55	.027	\$ 205.54	\$.36
HOSPITAL BASED	219	739		22,578.25	30.55	.003	103.10	.08
INDEPENDENT FACILITY	296	7,075		83,275.79	11.77	.024	281.34	.28
@LABORATORY FACILITY	4,509	22,567	\$	276,668.40	\$ 12.26	.077	\$ 61.36	\$.94
PATHOLOGY	4,391	22,356		274,786.91	12.29	.076	62.58	.94
XO AND OTHERS	121	211		1,881.49	8.92	.001	15.55	.01
@ORGANIZED OUTPATIENT CLINIC	69,328	113,336	\$	23,904,432.01	\$ 210.92	.386	\$ 344.80	\$ 81.45
CLINIC	1,717	6,511		191,522.19	29.42	.022	111.54	.65
SURGICENTER	124	233		21,137.94	90.72	.001	170.47	.07
HEROIN DETOX CLINIC	75	854		9,704.93	11.36	.003	129.40	.03
RURAL HEALTH CLINIC	67,790	105,738		23,682,066.95	223.97	.360	349.34	80.69
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL							

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						----- MONTHLY AVERAGE -----			
293,486 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	41,901	8,029,256	\$	9,248,814.80	\$ 1.15	27.358	\$ 220.73	\$ 31.51	
DURABLE MED. EQUIP.	2,528	13,380		1,504,838.86	112.47	.046	595.27	5.13	
BLOOD BANK	3	792		2,376.00	3.00	.003	792.00	.01	
HEARING AID DISPENSERS	212	288		113,413.94	393.80	.001	534.97	.39	
MEDICAL TRANSPORTATION	6,326	214,534		1,397,489.87	6.51	.731	220.91	4.76	
AMBULANCES/AIR TRANS	4,776	45,004		678,044.01	15.07	.153	141.97	2.31	
OTHER TRANS	1,605	168,474		678,067.71	4.02	.574	422.47	2.31	
OTHER SERVICES	147	1,056		41,378.15	39.18	.004	281.48	.14	
ACUPUNCTURE	907	3,373		59,369.21	17.60	.011	65.46	.20	
ADULT DAY HEALTH CARE CTR	1,817	23,089		1,602,351.45	69.40	.079	881.87	5.46	
GENETIC DISEASE TESTING	158	160		16,059.50	100.37	.001	101.64	.05	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,233	16,284		1,000,512.80	61.44	.055	811.45	3.41	
OCCUPATIONAL THERAPIST	2	2		36.08	18.04	.000	18.04	.00	
OPTICIAN	7,048	16,723		196,330.63	11.74	.057	27.86	.67	
PHYSICAL THERAPIST	8	23		205.59	8.94	.000	25.70	.00	
PORTABLE X-RAY	147	272		2,622.05	9.64	.001	17.84	.01	
PROSTHETIST/ORTHOTISTS	765	2,519		233,252.31	92.60	.009	304.90	.79	
PROSTHETICS	715	2,448		228,549.82	93.36	.008	319.65	.78	
ORTHOTICS	52	71		4,702.49	66.23	.000	90.43	.02	
PSYCHOLOGIST	214	584		13,909.60	23.82	.002	65.00	.05	
SPEECH AND AUDIOLOGY	1,501	4,438		268,600.11	60.52	.015	178.95	.92	
HOSPICE SERVICES	159	3,017		444,552.01	147.35	.010	2795.92	1.51	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	9,979	107,986	955,011.64	8.84	.368	95.70	3.25
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12,227	7,621,792	1,437,883.15	.19	25.970	117.60	4.90
@CALIF. CHILDREN SERVICES*	4,512	128,915	\$ 9,164,424.44	\$ 71.09	.439	\$ 2031.12	\$ 31.23
@XOVER EXCLUDING STATE HOSP**	30,680	364,321	\$ 5,481,020.97	\$ 15.04	1.241	\$ 178.65	\$ 18.68

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,013
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

34,314 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	20,553	422,418	\$ 10,981,592.92	\$ 26.00	12.310	\$ 534.31	\$ 320.03
@PHYSICIANS SERVICES	3,994	15,299	\$ 476,630.37	\$ 31.15	.446	\$ 119.34	\$ 13.89
OUTPATIENT VISITS	1,686	2,285	89,613.45	39.22	.067	53.15	2.61
OFFICE VISITS	1,365	1,849	62,780.00	33.95	.054	45.99	1.83
HOME VISITS	4	5	258.00	51.60	.000	64.50	.01
EMERGENCY ROOM	320	369	25,150.69	68.16	.011	78.60	.73
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	51	62	1,424.76	22.98	.002	27.94	.04
INPATIENT VISITS	240	1,172	53,320.00	45.49	.034	222.17	1.55
HOSPITAL VISITS	213	1,102	48,032.35	43.59	.032	225.50	1.40
CRITICAL CARE	16	33	3,950.10	119.70	.001	246.88	.12
SNF/ICF/TRANS IP CARE	30	37	1,337.55	36.15	.001	44.59	.04
OPHTHALMOLOGICAL SERVICES	154	215	9,253.83	43.04	.006	60.09	.27
EXAMINATIONS	154	215	9,253.83	43.04	.006	60.09	.27
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	133	706	74,192.62	105.09	.021	557.84	2.16
PRINCIPAL SURGEON	84	118	52,651.78	446.20	.003	626.81	1.53
ASSISTANT SURGEON	28	31	8,373.67	270.12	.001	299.06	.24
ANESTHESIOLOGIST	48	557	13,167.17	23.64	.016	274.32	.38
OUTPATIENT SURGERY	201	490	58,959.83	120.33	.014	293.33	1.72
PRINCIPAL SURGEON	165	191	51,358.05	268.89	.006	311.26	1.50
ASSISTANT SURGEON	1	1	52.87	52.87	.000	52.87	.00
ANESTHESIOLOGIST	50	298	7,548.91	25.33	.009	150.98	.22
DIALYSIS	44	91	10,993.34	120.81	.003	249.85	.32
PATHOLOGY	362	1,765	10,024.15	5.68	.051	27.69	.29
RADIOLOGY	628	1,224	39,725.30	32.46	.036	63.26	1.16
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	45	715	19,177.38	26.82	.021	426.16	.56
OTHER SERVICES/ALL X-OVERS	2,037	6,636	111,370.47	16.78	.193	54.67	3.25
@PHARMACY	15,195	101,244	\$ 3,306,816.07	\$ 32.66	2.951	\$ 217.63	\$ 96.37
PRESCRIPTION DRUGS	14,962	50,644	3,218,155.69	63.54	1.476	215.09	93.79
SNF/ICF	650	3,770	198,896.22	52.76	.110	305.99	5.80
OUTPATIENTS	14,369	46,874	3,019,259.47	64.41	1.366	210.12	87.99
MEDICAL SUPPLIES	1,127	50,600	88,660.38	1.75	1.475	78.67	2.58
@DENTIST	1,293	6,309	\$ 314,432.35	\$ 49.84	.184	\$ 243.18	\$ 9.16
VISITS - DIAGNOSTIC	809	3,523	42,174.50	11.97	.103	52.13	1.23
ORAL SURGERY	203	680	32,179.25	47.32	.020	158.52	.94
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.01
PERIODONTICS	117	123	18,092.00	147.09	.004	154.63	.53
ENDODONTICS	59	84	19,465.00	231.73	.002	329.92	.57
RESTORATIVE DENTISTRY	323	1,017	84,647.00	83.23	.030	262.07	2.47
PROSTHETICS	6	6	160.00	26.67	.000	26.67	.00

DENTURES, STAYPLATES	311	808	117,514.60	145.44	.024	377.86	3.42
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	37	66	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,014
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

34,314 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	518	1,594	\$ 33,709.40	\$ 21.15	.046	\$ 65.08	\$.98
DIAGNOSTIC AND ANC. PROCED	222	233	10,266.23	44.06	.007	46.24	.30
EYE APPLIANCES	389	1,267	20,701.49	16.34	.037	53.22	.60
OTHER OPTOMETRIC SERVICES	66	94	2,741.68	29.17	.003	41.54	.08
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	215	305	\$ 4,199.74	\$ 13.77	.009	\$ 19.53	\$.12
MEDICINE/INJECTIONS	30	35	1,174.00	33.54	.001	39.13	.03
SURGERY/ANES.	1	1	17.00	17.00	.000	17.00	.00
RADIO./PATHOLOGY	3	6	114.16	19.03	.000	38.05	.00
OTHER	187	263	2,894.58	11.01	.008	15.48	.08
@HOME HEALTH AGENCY	24	158	\$ 10,322.11	\$ 65.33	.005	\$ 430.09	\$.30
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	3	10	\$ 69.69	\$ 6.97	.000	\$ 23.23	\$.00
@TOTAL HOSPITAL	1,821	9,858	\$ 1,872,102.85	\$ 189.91	.287	\$ 1028.06	\$ 54.56
HOSP INPATIENT TOTAL	340	1,870	1,673,640.10	894.99	.054	4922.47	48.77
HSC HOSPITALS	154	800	889,561.64	1111.95	.023	5776.37	25.92
NON-HSC HOSPITAL TOTAL	73	412	678,486.54	1646.81	.012	9294.34	19.77
ACCOMMODATIONS	73	412	196,197.45	476.21	.012	2687.64	5.72
ADMINISTRATIVE DAYS	12	127	29,218.21	230.06	.004	2434.85	.85
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	63	285	166,979.24	585.89	.008	2650.46	4.87
ANCILLARIES	72	0	482,289.09	.00	.000	6698.46	14.06
INPATIENT CROSSOVERS	121	658	105,591.92	160.47	.019	872.66	3.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,541	7,988	198,462.75	24.85	.233	128.79	5.78
MEDICAL	264	412	16,263.56	39.47	.012	61.60	.47
SURGERY	84	100	6,402.20	64.02	.003	76.22	.19
PATHOLOGY	445	2,510	24,983.64	9.95	.073	56.14	.73
RADIOLOGY	387	637	49,006.12	76.93	.019	126.63	1.43
ROOM USE	402	533	20,878.43	39.17	.016	51.94	.61
CROSSOVERS/ALL OTH OUTPTNT	927	3,796	80,928.80	21.32	.111	87.30	2.36
@COUNTY HOSPITAL TOTAL	168	918	\$ 526,482.89	\$ 573.51	.027	\$ 3133.83	\$ 15.34
CO HOSPITAL INPATIENT TOTAL	95	581	512,874.03	882.74	.017	5398.67	14.95
HSC HOSPITALS	84	435	482,003.67	1108.05	.013	5738.14	14.05
NON-HSC HOSPITALS TOTAL	2	29	23,667.57	816.12	.001	11833.79	.69
ACCOMMODATIONS	2	29	6,550.81	225.89	.001	3275.41	.19
ADMINISTRATIVE DAYS	2	29	6,550.81	225.89	.001	3275.41	.19
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	2	0	17,116.76	.00	.000	8558.38	.50
INPATIENT CROSSOVERS	10	117	7,202.79	61.56	.003	720.28	.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	76	337	13,608.86	40.38	.010	179.06	.40
MEDICAL	25	33	1,470.91	44.57	.001	58.84	.04

SURGERY	12	19	1,158.90	60.99	.001	96.58	.03
PATHOLOGY	29	147	2,601.26	17.70	.004	89.70	.08
RADIOLOGY	17	27	4,259.58	157.76	.001	250.56	.12
ROOM USE	44	58	2,519.77	43.44	.002	57.27	.07
CROSSTOVERS/ALL OTH OUTPTNT	26	53	1,598.44	30.16	.002	61.48	.05

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,015
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
34,314 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	1,670	8,940	\$ 1,345,619.96	\$ 150.52	.261	\$ 805.76	\$ 39.21
COMM HOSP INPATIENT TOTAL	249	1,289	1,160,766.07	900.52	.038	4661.71	33.83
HSC HOSPITALS	72	365	407,557.97	1116.60	.011	5660.53	11.88
NON-HSC HOSPITALS TOTAL	71	383	654,818.97	1709.71	.011	9222.80	19.08
ACCOMMODATIONS	71	383	189,646.64	495.16	.011	2671.08	5.53

ADMINISTRATIVE DAYS	10	98		22,667.40	231.30	.003	2266.74	.66
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	63	285		166,979.24	585.89	.008	2650.46	4.87
ANCILLARIES	70	0		465,172.33	.00	.000	6645.32	13.56
INPATIENT CROSSOVERS	111	541		98,389.13	181.87	.016	886.39	2.87
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,472	7,651		184,853.89	24.16	.223	125.58	5.39
MEDICAL	239	379		14,792.65	39.03	.011	61.89	.43
SURGERY	72	81		5,243.30	64.73	.002	72.82	.15
PATHOLOGY	416	2,363		22,382.38	9.47	.069	53.80	.65
RADIOLOGY	371	610		44,746.54	73.35	.018	120.61	1.30
ROOM USE	359	475		18,358.66	38.65	.014	51.14	.54
CROSSOVERS/ALL OTH OUTPTNT	902	3,743		79,330.36	21.19	.109	87.95	2.31
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	627	16,538	\$	2,331,201.70	\$ 140.96	.482	\$ 3718.03	\$ 67.94
LEV A-INTERMEDIATE	4	92		6,176.23	67.13	.003	1544.06	.18
LEV B-REHAB MD	1	31		4,240.80	136.80	.001	4240.80	.12
LEV B-SUBACUTE FREESTANDING	0	0		901.85CR	.00	.000	.00	.03CR
LEV B-SUBACUTE HSPTL BASED	3	62		34,792.03	561.16	.002	11597.34	1.01
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	619	16,353		2,286,894.49	139.85	.477	3694.50	66.65
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	145	2,729	\$	150,266.79	\$ 55.06	.080	\$ 1036.32	\$ 4.38
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	145	2,729		150,266.79	55.06	.080	1036.32	4.38
@REHABILITATION FACILITY	1	1	\$	48.36	\$ 48.36	.000	\$ 48.36	\$.00
HOSPITAL BASED	1	1		48.36	48.36	.000	48.36	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	503	2,366	\$	28,285.93	\$ 11.96	.069	\$ 56.23	\$.82
PATHOLOGY	487	2,343		28,051.59	11.97	.068	57.60	.82
XO AND OTHERS	16	23		234.34	10.19	.001	14.65	.01
@ORGANIZED OUTPATIENT CLINIC	5,235	8,846	\$	2,024,897.56	\$ 228.91	.258	\$ 386.80	\$ 59.01
CLINIC	86	309		10,922.43	35.35	.009	127.01	.32
SURGICENTER	35	125		10,097.74	80.78	.004	288.51	.29
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5,140	8,412		2,003,877.39	238.22	.245	389.86	58.40

#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MN - NO SOC - AGED

AID CODE 14 1H 1U 1X

PAGE 2,016 01/29/04

34,314 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,954	257,161	\$ 428,610.00	\$ 1.67	7.494	\$ 219.35	\$ 12.49
DURABLE MED. EQUIP.	89	266	26,915.12	101.18	.008	302.42	.78
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	35	46	24,868.09	540.61	.001	710.52	.72
MEDICAL TRANSPORTATION	274	6,756	45,196.41	6.69	.197	164.95	1.32
AMBULANCES/AIR TRANS	146	1,236	17,764.52	14.37	.036	121.67	.52
OTHER TRANS	123	5,447	25,261.58	4.64	.159	205.38	.74
OTHER SERVICES	14	73	2,170.31	29.73	.002	155.02	.06
ACUPUNCTURE	65	292	5,136.21	17.59	.009	79.02	.15
ADULT DAY HEALTH CARE CTR	139	1,780	123,603.05	69.44	.052	889.23	3.60
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	36	289	25,001.40	86.51	.008	694.48	.73
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00

OPTICIAN	659	1,627	19,852.05	12.20	.047	30.12	.58
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	24	51	565.43	11.09	.001	23.56	.02
PROSTHETIST/ORTHOTISTS	37	80	3,352.40	41.91	.002	90.61	.10
PROSTHETICS	34	77	3,030.02	39.35	.002	89.12	.09
ORTHOTICS	3	3	322.38	107.46	.000	107.46	.01
PSYCHOLOGIST	4	6	103.72	17.29	.000	25.93	.00
SPEECH AND AUDIOLOGY	96	227	32,517.32	143.25	.007	338.72	.95
HOSPICE SERVICES	25	513	75,144.53	146.48	.015	3005.78	2.19
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	100	315.97	3.16	.003	105.32	.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	567	245,128	46,038.30	.19	7.144	81.20	1.34
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	2,780	16,091	452,057.69	28.09	.469	162.61	13.17

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,017
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	121	6,649	\$ 124,218.19	\$ 18.68	46.824	\$ 1026.60	\$ 874.78
@PHYSICIANS SERVICES	36	200	\$ 7,024.08	\$ 35.12	1.408	\$ 195.11	\$ 49.47
OUTPATIENT VISITS	13	20	1,062.36	53.12	.141	81.72	7.48
OFFICE VISITS	7	12	443.87	36.99	.085	63.41	3.13
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	8	618.49	77.31	.056	103.08	4.36
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	20	856.19	42.81	.141	122.31	6.03
HOSPITAL VISITS	7	20	856.19	42.81	.141	122.31	6.03
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	42.13	42.13	.007	42.13	.30
EXAMINATIONS	1	1	42.13	42.13	.007	42.13	.30
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	8	232.35	29.04	.056	116.18	1.64
PRINCIPAL SURGEON	1	1	58.35	58.35	.007	58.35	.41
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	174.00	24.86	.049	174.00	1.23
OUTPATIENT SURGERY	2	2	104.49	52.25	.014	52.25	.74
PRINCIPAL SURGEON	2	2	104.49	52.25	.014	52.25	.74
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	13	51	3,420.10	67.06	.359	263.08	24.09
PATHOLOGY	4	53	97.73	1.84	.373	24.43	.69
RADIOLOGY	8	16	426.66	26.67	.113	53.33	3.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	18	29	782.07	26.97	.204	43.45	5.51
@PHARMACY	75	914	\$ 23,749.96	\$ 25.98	6.437	\$ 316.67	\$ 167.25
PRESCRIPTION DRUGS	73	256	21,554.90	84.20	1.803	295.27	151.80
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	73	256	21,554.90	84.20	1.803	295.27	151.80

MEDICAL SUPPLIES	21	658		2,195.06	3.34	4.634	104.53	15.46
@DENTIST	7	31	\$	1,766.00	56.97	.218	252.29	12.44
VISITS - DIAGNOSTIC	4	21		203.00	9.67	.148	50.75	1.43
ORAL SURGERY	1	4		159.00	39.75	.028	159.00	1.12
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1		39.00	39.00	.007	39.00	.27
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	5		1,365.00	273.00	.035	455.00	9.61
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,018
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	2	\$.87	\$.44	.014	\$.87	\$.01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	2	.87	.44	.014	.87	.01
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	15	69	\$ 17,469.23	\$ 253.18	.486	\$ 1164.62	\$ 123.02
HOSP INPATIENT TOTAL	6	21	15,930.00	758.57	.148	2655.00	112.18
HSC HOSPITALS	4	12	14,250.00	1187.50	.085	3562.50	100.35
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	9	1,680.00	186.67	.063	840.00	11.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	48	1,539.23	32.07	.338	153.92	10.84
MEDICAL	6	7	276.66	39.52	.049	46.11	1.95
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	15	164.93	11.00	.106	54.98	1.16
RADIOLOGY	4	8	563.31	70.41	.056	140.83	3.97
ROOM USE	8	10	357.16	35.72	.070	44.65	2.52
CROSSOVERS/ALL OTH OUTPTNT	3	8	177.17	22.15	.056	59.06	1.25
@COUNTY HOSPITAL TOTAL	2	7	\$ 278.58	\$ 39.80	.049	\$ 139.29	\$ 1.96
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	7	278.58	39.80	.049	139.29	1.96
MEDICAL	2	3	138.46	46.15	.021	69.23	.98
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	4	140.12	35.03	.028	70.06	.99
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,019
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	62	\$ 17,190.65	\$ 277.27	.437	\$ 1322.36	\$ 121.06
COMM HOSP INPATIENT TOTAL	6	21	15,930.00	758.57	.148	2655.00	112.18
HSC HOSPITALS	4	12	14,250.00	1187.50	.085	3562.50	100.35
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	9	1,680.00	186.67	.063	840.00	11.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8	41	1,260.65	30.75	.289	157.58	8.88
MEDICAL	4	4	138.20	34.55	.028	34.55	.97
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	15	164.93	11.00	.106	54.98	1.16
RADIOLOGY	4	8	563.31	70.41	.056	140.83	3.97
ROOM USE	6	6	217.04	36.17	.042	36.17	1.53
CROSSOVERS/ALL OTH OUTPTNT	3	8	177.17	22.15	.056	59.06	1.25
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	0	\$ 525.00	\$.00	.000	\$ 525.00	\$ 3.70
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	0	525.00	.00	.000	525.00	3.70
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	13	1,054	\$ 31,702.49	\$ 30.08	7.423	\$ 2438.65	\$ 223.26
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	13	1,054	31,702.49	30.08	7.423	2438.65	223.26
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	10	98	\$ 1,019.61	\$ 10.40	.690	\$ 101.96	\$ 7.18

PATHOLOGY	10	98		1,019.61		10.40	.690	101.96	7.18
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	29	50	\$	13,917.92	\$	278.36	.352	\$ 479.93	\$ 98.01
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	29	50		13,917.92		278.36	.352	479.93	98.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,020
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								AID CODE 24
							----- MONTHLY AVERAGE -----		
142 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	36	4,231	\$	27,043.03	\$ 6.39	29.796	\$ 751.20	\$ 190.44	
DURABLE MED. EQUIP.	4	10		10,969.17	1096.92	.070	2742.29	77.25	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	15	2,160	8,269.74	3.83	15.211	551.32	58.24
AMBULANCES/AIR TRANS	1	15	167.90	11.19	.106	167.90	1.18
OTHER TRANS	14	2,145	8,101.84	3.78	15.106	578.70	57.06
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	1	7	742.23	106.03	.049	742.23	5.23
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	1,037.56	518.78	.014	1037.56	7.31
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	273	1,872.54	6.86	1.923	208.06	13.19
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	1,779	4,151.79	2.33	12.528	415.18	29.24
@CALIF. CHILDREN SERVICES*	10	63	\$ 17,183.45	\$ 272.75	.444	\$ 1718.35	\$ 121.01
@XOVER EXCLUDING STATE HOSP**	8	21	\$ 2,330.60	\$ 110.98	.148	\$ 291.33	\$ 16.41

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,021
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	

20,526 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	14,456	574,268	\$ 16,891,456.73	\$ 29.41	27.978	\$ 1168.47	\$ 822.93
@PHYSICIANS SERVICES	2,928	20,273	\$ 660,348.33	\$ 32.57	.988	\$ 225.53	\$ 32.17
OUTPATIENT VISITS	1,059	1,511	69,857.46	46.23	.074	65.97	3.40
OFFICE VISITS	535	722	24,230.69	33.56	.035	45.29	1.18
HOME VISITS	8	8	290.80	36.35	.000	36.35	.01
EMERGENCY ROOM	455	637	40,696.11	63.89	.031	89.44	1.98
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	105	144	4,639.86	32.22	.007	44.19	.23
INPATIENT VISITS	538	4,414	187,964.56	42.58	.215	349.38	9.16
HOSPITAL VISITS	513	4,144	163,662.63	39.49	.202	319.03	7.97
CRITICAL CARE	51	185	20,993.32	113.48	.009	411.63	1.02
SNF/ICF/TRANS IP CARE	38	85	3,308.61	38.92	.004	87.07	.16
OPHTHALMOLOGICAL SERVICES	60	83	3,741.09	45.07	.004	62.35	.18
EXAMINATIONS	60	83	3,741.09	45.07	.004	62.35	.18
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	228	2,511	108,716.63	43.30	.122	476.83	5.30
PRINCIPAL SURGEON	181	337	82,494.84	244.79	.016	455.77	4.02
ASSISTANT SURGEON	21	21	3,812.58	181.55	.001	181.55	.19
ANESTHESIOLOGIST	84	2,153	22,409.21	10.41	.105	266.78	1.09
OUTPATIENT SURGERY	177	363	41,197.12	113.49	.018	232.75	2.01
PRINCIPAL SURGEON	162	219	37,287.94	170.26	.011	230.17	1.82
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	22	144	3,909.18	27.15	.007	177.69	.19

DIALYSIS	142	574		40,035.67		69.75	.028	281.94	1.95
PATHOLOGY	280	2,581		16,881.78		6.54	.126	60.29	.82
RADIOLOGY	621	1,992		72,897.44		36.60	.097	117.39	3.55
PSYCHIATRY	1	1		28.10		28.10	.000	28.10	.00
IMMUNIZATION AND INJECTION	29	441		25,736.80		58.36	.021	887.48	1.25
OTHER SERVICES/ALL X-OVERS	1,603	5,802		93,291.68		16.08	.283	58.20	4.55
@PHARMACY	9,951	100,830	\$	3,904,391.07	\$	38.72	4.912	\$ 392.36	\$ 190.22
PRESCRIPTION DRUGS	9,768	40,990		3,795,969.09		92.61	1.997	388.61	184.93
SNF/ICF	482	3,593		267,572.90		74.47	.175	555.13	13.04
OUTPATIENTS	9,327	37,397		3,528,396.19		94.35	1.822	378.30	171.90
MEDICAL SUPPLIES	922	59,840		108,421.98		1.81	2.915	117.59	5.28
@DENTIST	1,237	5,857	\$	260,750.85	\$	44.52	.285	\$ 210.79	\$ 12.70
VISITS - DIAGNOSTIC	786	3,167		40,522.72		12.80	.154	51.56	1.97
ORAL SURGERY	221	757		40,914.25		54.05	.037	185.13	1.99
DRUGS	2	2		25.00		12.50	.000	12.50	.00
ANESTHESIA	10	10		1,000.00		100.00	.000	100.00	.05
PERIODONTICS	102	105		14,890.00		141.81	.005	145.98	.73
ENDODONTICS	76	124		28,947.00		233.44	.006	380.88	1.41
RESTORATIVE DENTISTRY	374	1,004		72,670.00		72.38	.049	194.30	3.54
PROSTHETICS	14	14		460.00		32.86	.001	32.86	.02
DENTURES, STAYPLATES	165	625		61,286.88		98.06	.030	371.44	2.99
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		35.00		35.00	.000	35.00	.00
ALL OTHER SERVICES	41	47		.00		.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

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01/29/04

----- MONTHLY AVERAGE -----									
20,526 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	256	753	\$ 15,780.66	\$ 20.96	.037	\$ 61.64	\$.77		
DIAGNOSTIC AND ANC. PROCED	82	82	3,717.08	45.33	.004	45.33	.18		
EYE APPLIANCES	206	620	10,712.19	17.28	.030	52.00	.52		
OTHER OPTOMETRIC SERVICES	29	51	1,351.39	26.50	.002	46.60	.07		
@CHIROPRACTOR	2	4	\$ 66.88	\$ 16.72	.000	\$ 33.44	\$.00		
VISITS	2	4	66.88	16.72	.000	33.44	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	114	211	\$ 2,519.75	\$ 11.94	.010	\$ 22.10	\$.12		
MEDICINE/INJECTIONS	24	28	802.60	28.66	.001	33.44	.04		
SURGERY/ANES.	6	8	116.79	14.60	.000	19.47	.01		
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00		
OTHER	91	173	1,565.76	9.05	.008	17.21	.08		
@HOME HEALTH AGENCY	182	24,810	\$ 730,401.04	\$ 29.44	1.209	\$ 4013.19	\$ 35.58		
NURSE ANESTHESIST	1	3	7.91	2.64	.000	7.91	.00		
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	2	2	\$ 36.51	\$ 18.26	.000	\$ 18.26	\$.00		
@TOTAL HOSPITAL	1,809	17,016	\$ 6,460,013.23	\$ 379.64	.829	\$ 3571.04	\$ 314.72		
HOSP INPATIENT TOTAL	561	5,691	6,208,744.89	1090.98	.277	11067.28	302.48		
HSC HOSPITALS	318	2,867	3,291,054.38	1147.91	.140	10349.23	160.34		
NON-HSC HOSPITAL TOTAL	136	1,662	2,773,470.80	1668.75	.081	20393.17	135.12		
ACCOMMODATIONS	136	1,662	695,382.00	418.40	.081	5113.10	33.88		
ADMINISTRATIVE DAYS	46	816	177,200.46	217.16	.040	3852.18	8.63		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	98	846	518,181.54	612.51	.041	5287.57	25.25		
ANCILLARIES	135	0	2,078,088.80	.00	.000	15393.25	101.24		
INPATIENT CROSSOVERS	137	1,162	144,219.71	124.11	.057	1052.70	7.03		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		

HOSP OUTPATIENT TOTAL	1,334	11,325	251,268.34	22.19	.552	188.36	12.24	
MEDICAL	260	502	19,017.47	37.88	.024	73.14	.93	
SURGERY	76	93	3,312.01	35.61	.005	43.58	.16	
PATHOLOGY	383	3,321	31,572.03	9.51	.162	82.43	1.54	
RADIOLOGY	262	636	49,331.32	77.56	.031	188.29	2.40	
ROOM USE	495	755	26,579.05	35.20	.037	53.70	1.29	
CROSSOVERS/ALL OTH OUTPTNT	874	6,018	121,456.46	20.18	.293	138.97	5.92	
@COUNTY HOSPITAL TOTAL	254	2,200	\$ 1,991,370.94	\$ 905.17	.107	\$ 7840.04	\$ 97.02	
CO HOSPITAL INPATIENT TOTAL	232	2,108	1,988,516.44	943.32	.103	8571.19	96.88	
HSC HOSPITALS	201	1,638	1,844,394.61	1126.00	.080	9176.09	89.86	
NON-HSC HOSPITALS TOTAL	13	223	123,930.91	555.74	.011	9533.15	6.04	
ACCOMMODATIONS	13	223	49,943.09	223.96	.011	3841.78	2.43	
ADMINISTRATIVE DAYS	13	223	49,943.09	223.96	.011	3841.78	2.43	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	13	0	73,987.82	.00	.000	5691.37	3.60	
INPATIENT CROSSOVERS	26	247	20,190.92	81.74	.012	776.57	.98	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	25	92	2,854.50	31.03	.004	114.18	.14	
MEDICAL	9	11	403.39	36.67	.001	44.82	.02	
SURGERY	3	3	82.27	27.42	.000	27.42	.00	
PATHOLOGY	9	31	398.99	12.87	.002	44.33	.02	
RADIOLOGY	5	9	677.16	75.24	.000	135.43	.03	
ROOM USE	17	23	854.43	37.15	.001	50.26	.04	
CROSSOVERS/ALL OTH OUTPTNT	9	15	438.26	29.22	.001	48.70	.02	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,023
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G							

20,526 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,581	14,816	\$ 4,468,642.29	\$ 301.61	.722	\$ 2826.47	\$ 217.71
COMM HOSP INPATIENT TOTAL	343	3,583	4,220,228.45	1177.85	.175	12303.87	205.60
HSC HOSPITALS	124	1,229	1,446,659.77	1177.10	.060	11666.61	70.48
NON-HSC HOSPITALS TOTAL	124	1,439	2,649,539.89	1841.24	.070	21367.26	129.08
ACCOMMODATIONS	124	1,439	645,438.91	448.53	.070	5205.15	31.44
ADMINISTRATIVE DAYS	33	593	127,257.37	214.60	.029	3856.28	6.20
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	98	846	518,181.54	612.51	.041	5287.57	25.25
ANCILLARIES	123	0	2,004,100.98	.00	.000	16293.50	97.64
INPATIENT CROSSOVERS	112	915	124,028.79	135.55	.045	1107.40	6.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,310	11,233	248,413.84	22.11	.547	189.63	12.10
MEDICAL	251	491	18,614.08	37.91	.024	74.16	.91
SURGERY	73	90	3,229.74	35.89	.004	44.24	.16
PATHOLOGY	375	3,290	31,173.04	9.48	.160	83.13	1.52
RADIOLOGY	257	627	48,654.16	77.60	.031	189.32	2.37
ROOM USE	479	732	25,724.62	35.14	.036	53.70	1.25
CROSSOVERS/ALL OTH OUTPTNT	865	6,003	121,018.20	20.16	.292	139.91	5.90
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	357	9,329	\$ 1,554,299.84	\$ 166.61	.454	\$ 4353.78	\$ 75.72
LEV A-INTERMEDIATE	1	16	1,353.92	84.62	.001	1353.92	.07
LEV B-REHAB MD	15	453	59,086.08	130.43	.022	3939.07	2.88
LEV B-SUBACUTE FREESTANDING	0	0	265.25CR	.00	.000	.00	.01CR
LEV B-SUBACUTE HSPTL BASED	21	824	391,964.29	475.68	.040	18664.97	19.10
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	320	8,036	1,102,160.80	137.15	.392	3444.25	53.70
@INTERMEDIATE CARE FACIL.-DD	44	1,376	\$ 208,541.07	\$ 151.56	.067	\$ 4739.57	\$ 10.16

ICF DDH	35	1,153		168,327.29		145.99	.056	4809.35	8.20
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	9	223		40,213.78		180.33	.011	4468.20	1.96
@HEMODIALYSIS TOTAL	325	6,399	\$	371,219.29	\$	58.01	.312	\$ 1142.21	\$ 18.09
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	325	6,399		371,219.29		58.01	.312	1142.21	18.09
@REHABILITATION FACILITY	43	550	\$	7,650.40	\$	13.91	.027	\$ 177.92	\$.37
HOSPITAL BASED	11	51		1,383.28		27.12	.002	125.75	.07
INDEPENDENT FACILITY	32	499		6,267.12		12.56	.024	195.85	.31
@LABORATORY FACILITY	333	2,147	\$	23,464.26	\$	10.93	.105	\$ 70.46	\$ 1.14
PATHOLOGY	325	2,126		23,336.73		10.98	.104	71.81	1.14
XO AND OTHERS	8	21		127.53		6.07	.001	15.94	.01
@ORGANIZED OUTPATIENT CLINIC	3,982	7,906	\$	1,813,572.79	\$	229.39	.385	\$ 455.44	\$ 88.35
CLINIC	70	194		9,542.80		49.19	.009	136.33	.46
SURGICENTER	7	25		1,726.43		69.06	.001	246.63	.08
HEROIN DETOX CLINIC	2	29		347.16		11.97	.001	173.58	.02
RURAL HEALTH CLINIC	3,916	7,658		1,801,956.40		235.30	.373	460.15	87.79
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,024
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

						----- MONTHLY AVERAGE -----			
20,526 ELIGIBLES		USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	2,099	376,802	\$	878,392.85	\$ 2.33	18.357	\$ 418.48	\$ 42.79	
DURABLE MED. EQUIP.	180	1,228		95,237.90	77.56	.060	529.10	4.64	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	5	5		4,391.23	878.25	.000	878.25	.21	
MEDICAL TRANSPORTATION	420	16,256		99,347.29	6.11	.792	236.54	4.84	
AMBULANCES/AIR TRANS	299	3,010		46,025.39	15.29	.147	153.93	2.24	
OTHER TRANS	127	13,134		49,070.24	3.74	.640	386.38	2.39	
OTHER SERVICES	14	112		4,251.66	37.96	.005	303.69	.21	
ACUPUNCTURE	15	46		805.59	17.51	.002	53.71	.04	
ADULT DAY HEALTH CARE CTR	11	127		8,850.49	69.69	.006	804.59	.43	
GENETIC DISEASE TESTING	1	1		105.00	105.00	.000	105.00	.01	
IHMC,MODEL-NF,NF,AIDS,MSSP	66	10,186		261,130.33	25.64	.496	3956.52	12.72	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	349	849		10,520.43	12.39	.041	30.14	.51	
PHYSICAL THERAPIST	1	2		11.09	5.55	.000	11.09	.00	
PORTABLE X-RAY	14	23		123.84	5.38	.001	8.85	.01	
PROSTHETIST/ORTHOTISTS	47	214		32,250.55	150.70	.010	686.18	1.57	
PROSTHETICS	46	213		32,240.70	151.36	.010	700.88	1.57	
ORTHOTICS	1	1		9.85	9.85	.000	9.85	.00	
PSYCHOLOGIST	12	28		303.83	10.85	.001	25.32	.01	
SPEECH AND AUDIOLOGY	36	93		10,248.52	110.20	.005	284.68	.50	
HOSPICE SERVICES	44	1,201		179,945.55	149.83	.059	4089.67	8.77	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	435	12,200		99,004.75	8.12	.594	227.60	4.82	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	640	334,343		76,116.46	.23	16.289	118.93	3.71	
@CALIF. CHILDREN SERVICES*	234	16,200	\$	350,139.06	\$ 21.61	.789	\$ 1496.32	\$ 17.06	
@XOVER EXCLUDING STATE HOSP**	2,074	19,255	\$	489,331.36	\$ 25.41	.938	\$ 235.94	\$ 23.84	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,025
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K								

----- MONTHLY AVERAGE -----

136,960 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	76,093	323,297	\$ 32,192,156.06	\$ 99.57	2.361	\$ 423.06	\$ 235.05
@PHYSICIANS SERVICES	10,397	43,882	\$ 2,273,380.01	\$ 51.81	.320	\$ 218.66	\$ 16.60
OUTPATIENT VISITS	5,936	10,992	405,330.56	36.88	.080	68.28	2.96
OFFICE VISITS	1,952	2,514	101,411.39	40.34	.018	51.95	.74
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3,225	3,608	193,944.53	53.75	.026	60.14	1.42
PREVENTIVE CARE	23	24	984.29	41.01	.000	42.80	.01
OB VISITS/COMPRE PERI	592	4,360	88,862.25	20.38	.032	150.11	.65
OTHER OUTPATIENT	389	486	20,128.10	41.42	.004	51.74	.15
INPATIENT VISITS	1,840	8,025	589,561.31	73.47	.059	320.41	4.30
HOSPITAL VISITS	1,729	5,960	267,504.26	44.88	.044	154.72	1.95
CRITICAL CARE	222	2,065	322,057.05	155.96	.015	1450.71	2.35
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	54	85	3,981.49	46.84	.001	73.73	.03

EXAMINATIONS	52	83	3,970.91	47.84	.001	76.36	.03
SERVICES AND MATERIALS	2	2	10.58	5.29	.000	5.29	.00
INPATIENT HOSPITAL SURGERY	1,754	8,513	799,906.00	93.96	.062	456.05	5.84
PRINCIPAL SURGEON	1,360	2,022	627,368.56	310.27	.015	461.30	4.58
ASSISTANT SURGEON	211	216	36,043.12	166.87	.002	170.82	.26
ANESTHESIOLOGIST	623	6,275	136,494.32	21.75	.046	219.09	1.00
OUTPATIENT SURGERY	775	1,690	120,746.42	71.45	.012	155.80	.88
PRINCIPAL SURGEON	666	876	94,475.27	107.85	.006	141.85	.69
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.00
ANESTHESIOLOGIST	203	813	26,163.93	32.18	.006	128.89	.19
DIALYSIS	53	225	16,974.03	75.44	.002	320.26	.12
PATHOLOGY	1,808	7,085	56,129.40	7.92	.052	31.05	.41
RADIOLOGY	2,177	3,578	164,131.37	45.87	.026	75.39	1.20
PSYCHIATRY	3	4	103.17	25.79	.000	34.39	.00
IMMUNIZATION AND INJECTION	237	580	7,274.49	12.54	.004	30.69	.05
OTHER SERVICES/ALL X-OVERS	1,590	3,105	109,241.77	35.18	.023	68.71	.80
@PHARMACY	9,281	26,828	\$ 1,230,412.30	\$ 45.86	.196	\$ 132.57	\$ 8.98
PRESCRIPTION DRUGS	9,022	19,867	1,158,158.27	58.30	.145	128.37	8.46
SNF/ICF	8	38	2,073.61	54.57	.000	259.20	.02
OUTPATIENTS	9,015	19,829	1,156,084.66	58.30	.145	128.24	8.44
MEDICAL SUPPLIES	603	6,961	72,254.03	10.38	.051	119.82	.53
@DENTIST	17,194	94,451	\$ 2,982,953.49	\$ 31.58	.690	\$ 173.49	\$ 21.78
VISITS - DIAGNOSTIC	12,502	61,654	829,421.68	13.45	.450	66.34	6.06
ORAL SURGERY	2,534	5,390	326,023.95	60.49	.039	128.66	2.38
DRUGS	668	782	17,482.50	22.36	.006	26.17	.13
ANESTHESIA	78	78	7,400.00	94.87	.001	94.87	.05
PERIODONTICS	836	849	121,250.00	142.82	.006	145.04	.89
ENDODONTICS	1,427	2,533	315,486.25	124.55	.018	221.08	2.30
RESTORATIVE DENTISTRY	6,549	20,215	1,169,175.00	57.84	.148	178.53	8.54
PROSTHETICS	48	50	1,140.00	22.80	.000	23.75	.01
DENTURES, STAYPLATES	348	1,401	120,718.36	86.17	.010	346.89	.88
SPACE MAINTAINERS	122	151	16,092.00	106.57	.001	131.90	.12
MAXILLOFACIAL SERVICES	27	27	1,280.00	47.41	.000	47.41	.01
FRACTURES, DISLOCATIONS	2	2	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	621	792	57,048.75	72.03	.006	91.87	.42
ALL OTHER SERVICES	404	527	435.00	.83	.004	1.08	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,026
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K						

136,960 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	329	920	\$ 22,885.65	\$ 24.88	.007	\$ 69.56	\$.17
DIAGNOSTIC AND ANC. PROCED	276	277	12,908.74	46.60	.002	46.77	.09
EYE APPLIANCES	223	638	9,874.07	15.48	.005	44.28	.07
OTHER OPTOMETRIC SERVICES	4	5	102.84	20.57	.000	25.71	.00
@CHIROPRACTOR	48	95	\$ 1,510.64	\$ 15.90	.001	\$ 31.47	\$.01
VISITS	47	89	1,488.08	16.72	.001	31.66	.01
OTHER SERVICES	1	6	22.56	3.76	.000	22.56	.00
@PODIATRIST	24	53	\$ 2,343.39	\$ 44.21	.000	\$ 97.64	\$.02
MEDICINE/INJECTIONS	18	22	788.19	35.83	.000	43.79	.01
SURGERY/ANES.	5	8	505.92	63.24	.000	101.18	.00
RADIO./PATHOLOGY	6	10	173.00	17.30	.000	28.83	.00
OTHER	7	13	876.28	67.41	.000	125.18	.01
@HOME HEALTH AGENCY	52	1,703	\$ 55,584.73	\$ 32.64	.012	\$ 1068.94	\$.41
NURSE ANESTHESIST	137	363	\$ 13,510.99	\$ 37.22	.003	\$ 98.62	\$.10
NURSE MIDWIFE	3	5	\$ 1,394.87	\$ 278.97	.000	\$ 464.96	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	6,322	28,237	\$ 11,805,720.41	\$ 418.09	.206	\$ 1867.40	\$ 86.20

HOSP INPATIENT TOTAL	1,763	7,791	11,224,354.29	1440.68	.057	6366.62	81.95	
HSC HOSPITALS	1,496	6,405	9,066,648.69	1415.56	.047	6060.59	66.20	
NON-HSC HOSPITAL TOTAL	272	1,375	2,154,748.14	1567.09	.010	7921.87	15.73	
ACCOMMODATIONS	271	1,375	893,530.07	649.84	.010	3297.16	6.52	
ADMINISTRATIVE DAYS	7	32	7,401.60	231.30	.000	1057.37	.05	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	265	1,343	886,128.47	659.81	.010	3343.88	6.47	
ANCILLARIES	272	0	1,261,218.07	.00	.000	4636.83	9.21	
INPATIENT CROSSOVERS	4	11	2,957.46	268.86	.000	739.37	.02	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	4,791	20,446	581,366.12	28.43	.149	121.35	4.24	
MEDICAL	882	1,295	65,967.14	50.94	.009	74.79	.48	
SURGERY	362	419	13,602.26	32.46	.003	37.58	.10	
PATHOLOGY	1,700	8,398	86,380.98	10.29	.061	50.81	.63	
RADIOLOGY	1,262	1,749	131,018.85	74.91	.013	103.82	.96	
ROOM USE	3,518	4,463	166,589.65	37.33	.033	47.35	1.22	
CROSSOVERS/ALL OTH OUTPTNT	1,916	4,122	117,807.24	28.58	.030	61.49	.86	
@COUNTY HOSPITAL TOTAL	871	2,949	\$ 2,658,592.96	\$ 901.52	.022	\$ 3052.35	\$ 19.41	
CO HOSPITAL INPATIENT TOTAL	768	2,320	2,640,953.61	1138.34	.017	3438.74	19.28	
HSC HOSPITALS	768	2,320	2,640,953.61	1138.34	.017	3438.74	19.28	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	111	629	17,639.35	28.04	.005	158.91	.13	
MEDICAL	15	18	823.99	45.78	.000	54.93	.01	
SURGERY	36	50	1,416.74	28.33	.000	39.35	.01	
PATHOLOGY	50	262	4,127.21	15.75	.002	82.54	.03	
RADIOLOGY	14	16	838.16	52.39	.000	59.87	.01	
ROOM USE	69	124	5,974.26	48.18	.001	86.58	.04	
CROSSOVERS/ALL OTH OUTPTNT	55	159	4,458.99	28.04	.001	81.07	.03	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,027	
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04	
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K							
	136,960 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,477	25,288	\$	9,147,127.45	\$ 361.72	.185	\$ 1670.10	\$ 66.79
COMM HOSP INPATIENT TOTAL	1,001	5,471		8,583,400.68	1568.89	.040	8574.83	62.67
HSC HOSPITALS	732	4,085		6,425,695.08	1573.00	.030	8778.27	46.92
NON-HSC HOSPITALS TOTAL	272	1,375		2,154,748.14	1567.09	.010	7921.87	15.73
ACCOMMODATIONS	271	1,375		893,530.07	649.84	.010	3297.16	6.52
ADMINISTRATIVE DAYS	7	32		7,401.60	231.30	.000	1057.37	.05
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	265	1,343		886,128.47	659.81	.010	3343.88	6.47
ANCILLARIES	272	0		1,261,218.07	.00	.000	4636.83	9.21
INPATIENT CROSSOVERS	4	11		2,957.46	268.86	.000	739.37	.02
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,683	19,817		563,726.77	28.45	.145	120.38	4.12
MEDICAL	867	1,277		65,143.15	51.01	.009	75.14	.48
SURGERY	326	369		12,185.52	33.02	.003	37.38	.09
PATHOLOGY	1,652	8,136		82,253.77	10.11	.059	49.79	.60
RADIOLOGY	1,248	1,733		130,180.69	75.12	.013	104.31	.95
ROOM USE	3,452	4,339		160,615.39	37.02	.032	46.53	1.17
CROSSOVERS/ALL OTH OUTPTNT	1,862	3,963		113,348.25	28.60	.029	60.87	.83
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	74	2,204	\$	127,071.17	\$	57.65	.016	\$ 1717.18	\$.93
HOSPITAL BASED	8	80		31,545.78		394.32	.001	3943.22	.23
HEMODIALYSIS CENTER	66	2,124		95,525.39		44.97	.016	1447.35	.70
@REHABILITATION FACILITY	95	921	\$	15,632.65	\$	16.97	.007	\$ 164.55	\$.11
HOSPITAL BASED	52	122		6,716.06		55.05	.001	129.16	.05
INDEPENDENT FACILITY	43	799		8,916.59		11.16	.006	207.36	.07
@LABORATORY FACILITY	1,724	5,496	\$	83,556.24	\$	15.20	.040	\$ 48.47	\$.61
PATHOLOGY	1,718	5,489		83,152.04		15.15	.040	48.40	.61
XO AND OTHERS	7	7		404.20		57.74	.000	57.74	.00
@ORGANIZED OUTPATIENT CLINIC	37,540	62,729	\$	12,969,294.02	\$	206.75	.458	\$ 345.48	\$ 94.69
CLINIC	1,963	10,675		286,466.39		26.84	.078	145.93	2.09
SURGICENTER	3	8		393.92		49.24	.000	131.31	.00
HEROIN DETOX CLINIC	5	70		793.67		11.34	.001	158.73	.01
RURAL HEALTH CLINIC	35,713	51,976		12,681,640.04		243.99	.379	355.10	92.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K								

PAGE 2,028
01/29/04

	136,960 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8,115	55,410	\$	606,905.50	\$ 10.95	.405	\$ 74.79	\$ 4.43
DURABLE MED. EQUIP.	67	549		36,995.02	67.39	.004	552.16	.27
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	19		5,704.74	300.25	.000	814.96	.04
MEDICAL TRANSPORTATION	653	9,074		147,158.96	16.22	.066	225.36	1.07
AMBULANCES/AIR TRANS	645	7,664		109,861.01	14.33	.056	170.33	.80
OTHER TRANS	9	1,392		5,422.95	3.90	.010	602.55	.04
OTHER SERVICES	18	18		31,875.00	1770.83	.000	1770.83	.23
ACUPUNCTURE	65	185		3,453.38	18.67	.001	53.13	.03
ADULT DAY HEALTH CARE CTR	1	1		72.00	72.00	.000	72.00	.00
GENETIC DISEASE TESTING	641	641		65,434.50	102.08	.005	102.08	.48
IHMC,MODEL-NF,NF,AIDS,MSSP	1	74		2,001.50	27.05	.001	2001.50	.01
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	2,166	4,636		44,658.37	9.63	.034	20.62	.33
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	88	235		28,545.59	121.47	.002	324.38	.21
PROSTHETICS	62	208		26,259.16	126.25	.002	423.53	.19
ORTHOTICS	27	27		2,286.43	84.68	.000	84.68	.02
PSYCHOLOGIST	1	6		360.00	60.00	.000	360.00	.00
SPEECH AND AUDIOLOGY	12	41		5,962.91	145.44	.000	496.91	.04
HOSPICE SERVICES	1	28		4,585.84	163.78	.000	4585.84	.03
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,447	23,036		256,639.80	11.14	.168	57.71	1.87
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	18	16,885		5,332.89		.32	.123	296.27	.04
@CALIF. CHILDREN SERVICES*	1,924	20,533	\$	5,635,431.99	\$	274.46	.150	\$ 2929.02	\$ 41.15
@XOVER EXCLUDING STATE HOSP**	74	435	\$	24,382.37	\$	56.05	.003	\$ 329.49	\$.18

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,029
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

191,942 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE		
@TOTAL, ALL PROVIDERS	111,223		1,326,632	\$ 60,189,423.90	\$ 45.37	6.912	\$ 541.16	\$ 313.58
@PHYSICIANS SERVICES	17,355		79,654	\$ 3,417,382.79	\$ 42.90	.415	\$ 196.91	\$ 17.80
OUTPATIENT VISITS	8,694		14,808	565,863.83	38.21	.077	65.09	2.95
OFFICE VISITS	3,859		5,097	188,865.95	37.05	.027	48.94	.98
HOME VISITS	12		13	548.80	42.22	.000	45.73	.00
EMERGENCY ROOM	4,006		4,622	260,409.82	56.34	.024	65.00	1.36
PREVENTIVE CARE	23		24	984.29	41.01	.000	42.80	.01
OB VISITS/COMPRE PERI	592		4,360	88,862.25	20.38	.023	150.11	.46
OTHER OUTPATIENT	545		692	26,192.72	37.85	.004	48.06	.14
INPATIENT VISITS	2,625		13,631	831,702.06	61.02	.071	316.84	4.33
HOSPITAL VISITS	2,462		11,226	480,055.43	42.76	.058	194.99	2.50
CRITICAL CARE	289		2,283	347,000.47	151.99	.012	1200.69	1.81
SNF/ICF/TRANS IP CARE	68		122	4,646.16	38.08	.001	68.33	.02
OPHTHALMOLOGICAL SERVICES	269		384	17,018.54	44.32	.002	63.27	.09
EXAMINATIONS	267		382	17,007.96	44.52	.002	63.70	.09
SERVICES AND MATERIALS	2		2	10.58	5.29	.000	5.29	.00
INPATIENT HOSPITAL SURGERY	2,117		11,738	983,047.60	83.75	.061	464.36	5.12
PRINCIPAL SURGEON	1,626		2,478	762,573.53	307.74	.013	468.99	3.97
ASSISTANT SURGEON	260		268	48,229.37	179.96	.001	185.50	.25
ANESTHESIOLOGIST	756		8,992	172,244.70	19.16	.047	227.84	.90
OUTPATIENT SURGERY	1,155		2,545	221,007.86	86.84	.013	191.35	1.15
PRINCIPAL SURGEON	995		1,288	183,225.75	142.26	.007	184.15	.95
ASSISTANT SURGEON	2		2	160.09	80.05	.000	80.05	.00
ANESTHESIOLOGIST	275		1,255	37,622.02	29.98	.007	136.81	.20
DIALYSIS	252		941	71,423.14	75.90	.005	283.43	.37
PATHOLOGY	2,454		11,484	83,133.06	7.24	.060	33.88	.43
RADIOLOGY	3,434		6,810	277,180.77	40.70	.035	80.72	1.44
PSYCHIATRY	4		5	131.27	26.25	.000	32.82	.00
IMMUNIZATION AND INJECTION	311		1,736	52,188.67	30.06	.009	167.81	.27
OTHER SERVICES/ALL X-OVERS	5,248		15,572	314,685.99	20.21	.081	59.96	1.64
@PHARMACY	34,502		229,816	\$ 8,465,369.40	\$ 36.84	1.197	\$ 245.36	\$ 44.10
PRESCRIPTION DRUGS	33,825		111,757	8,193,837.95	73.32	.582	242.24	42.69
SNF/ICF	1,140		7,401	468,542.73	63.31	.039	411.00	2.44
OUTPATIENTS	32,784		104,356	7,725,295.22	74.03	.544	235.64	40.25
MEDICAL SUPPLIES	2,673		118,059	271,531.45	2.30	.615	101.58	1.41
@DENTIST	19,731		106,648	\$ 3,559,902.69	\$ 33.38	.556	\$ 180.42	\$ 18.55
VISITS - DIAGNOSTIC	14,101		68,365	912,321.90	13.34	.356	64.70	4.75
ORAL SURGERY	2,959		6,831	399,276.45	58.45	.036	134.94	2.08
DRUGS	670		784	17,507.50	22.33	.004	26.13	.09
ANESTHESIA	90		90	8,600.00	95.56	.000	95.56	.04
PERIODONTICS	1,055		1,077	154,232.00	143.21	.006	146.19	.80
ENDODONTICS	1,562		2,741	363,898.25	132.76	.014	232.97	1.90
RESTORATIVE DENTISTRY	7,247		22,237	1,326,531.00	59.65	.116	183.05	6.91
PROSTHETICS	68		70	1,760.00	25.14	.000	25.88	.01
DENTURES, STAYPLATES	827		2,839	300,884.84	105.98	.015	363.83	1.57
SPACE MAINTAINERS	122		151	16,092.00	106.57	.001	131.90	.08
MAXILLOFACIAL SERVICES	28		28	1,280.00	45.71	.000	45.71	.01
FRACTURES, DISLOCATIONS	2		2	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES	622	793	57,083.75	71.98	.004	91.77	.30
ALL OTHER SERVICES	482	640	435.00	.68	.003	.90	.00

#CALIF DEPT OF HEALTH SERV MOP024
 CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

PAGE 2,030
 01/29/04

191,942 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,103	3,267	\$ 72,375.71	\$ 22.15	.017	\$ 65.62	\$.38
DIAGNOSTIC AND ANC. PROCED	580	592	26,892.05	45.43	.003	46.37	.14
EYE APPLIANCES	818	2,525	41,287.75	16.35	.013	50.47	.22
OTHER OPTOMETRIC SERVICES	99	150	4,195.91	27.97	.001	42.38	.02
@CHIROPRACTOR	50	99	\$ 1,577.52	\$ 15.93	.001	\$ 31.55	\$.01
VISITS	49	93	1,554.96	16.72	.000	31.73	.01
OTHER SERVICES	1	6	22.56	3.76	.000	22.56	.00
@PODIATRIST	354	571	\$ 9,063.75	\$ 15.87	.003	\$ 25.60	\$.05

MEDICINE/INJECTIONS	72	85		2,764.79		32.53	.000	38.40	.01
SURGERY/ANES.	12	17		639.71		37.63	.000	53.31	.00
RADIO./PATHOLOGY	10	18		321.76		17.88	.000	32.18	.00
OTHER	286	451		5,337.49		11.83	.002	18.66	.03
@HOME HEALTH AGENCY	258	26,671	\$	796,307.88	\$	29.86	.139	\$ 3086.46	\$ 4.15
NURSE ANESTHESIST	138	366	\$	13,518.90	\$	36.94	.002	\$ 97.96	\$.07
NURSE MIDWIFE	3	5	\$	1,394.87	\$	278.97	.000	\$ 464.96	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	5	12	\$	106.20	\$	8.85	.000	\$ 21.24	\$.00
@TOTAL HOSPITAL	9,967	55,180	\$	20,155,305.72	\$	365.26	.287	\$ 2022.20	\$ 105.01
HOSP INPATIENT TOTAL	2,670	15,373		19,122,669.28		1243.91	.080	7162.05	99.63
HSC HOSPITALS	1,972	10,084		13,261,514.71		1315.10	.053	6724.91	69.09
NON-HSC HOSPITAL TOTAL	481	3,449		5,606,705.48		1625.60	.018	11656.35	29.21
ACCOMMODATIONS	480	3,449		1,785,109.52		517.57	.018	3718.98	9.30
ADMINISTRATIVE DAYS	65	975		213,820.27		219.30	.005	3289.54	1.11
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	426	2,474		1,571,289.25		635.12	.013	3688.47	8.19
ANCILLARIES	479	0		3,821,595.96		.00	.000	7978.28	19.91
INPATIENT CROSSOVERS	264	1,840		254,449.09		138.29	.010	963.82	1.33
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7,676	39,807		1,032,636.44		25.94	.207	134.53	5.38
MEDICAL	1,412	2,216		101,524.83		45.81	.012	71.90	.53
SURGERY	522	612		23,316.47		38.10	.003	44.67	.12
PATHOLOGY	2,531	14,244		143,101.58		10.05	.074	56.54	.75
RADIOLOGY	1,915	3,030		229,919.60		75.88	.016	120.06	1.20
ROOM USE	4,423	5,761		214,404.29		37.22	.030	48.47	1.12
CROSSOVERS/ALL OTH OUTPTNT	3,720	13,944		320,369.67		22.98	.073	86.12	1.67
@COUNTY HOSPITAL TOTAL	1,295	6,074	\$	5,176,725.37	\$	852.28	.032	\$ 3997.47	\$ 26.97
CO HOSPITAL INPATIENT TOTAL	1,095	5,009		5,142,344.08		1026.62	.026	4696.20	26.79
HSC HOSPITALS	1,053	4,393		4,967,351.89		1130.74	.023	4717.33	25.88
NON-HSC HOSPITALS TOTAL	15	252		147,598.48		585.71	.001	9839.90	.77
ACCOMMODATIONS	15	252		56,493.90		224.18	.001	3766.26	.29
ADMINISTRATIVE DAYS	15	252		56,493.90		224.18	.001	3766.26	.29
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	15	0		91,104.58		.00	.000	6073.64	.47
INPATIENT CROSSOVERS	36	364		27,393.71		75.26	.002	760.94	.14
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	214	1,065		34,381.29		32.28	.006	160.66	.18
MEDICAL	51	65		2,836.75		43.64	.000	55.62	.01
SURGERY	51	72		2,657.91		36.92	.000	52.12	.01
PATHOLOGY	88	440		7,127.46		16.20	.002	80.99	.04
RADIOLOGY	36	52		5,774.90		111.06	.000	160.41	.03
ROOM USE	132	209		9,488.58		45.40	.001	71.88	.05
CROSSOVERS/ALL OTH OUTPTNT	90	227		6,495.69		28.62	.001	72.17	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,031
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL								

----- MONTHLY AVERAGE -----									
191,942 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	8,741	49,106	\$ 14,978,580.35	\$ 305.03	.256	\$ 1713.60	\$ 78.04		
COMM HOSP INPATIENT TOTAL	1,599	10,364	13,980,325.20	1348.93	.054	8743.17	72.84		
HSC HOSPITALS	932	5,691	8,294,162.82	1457.42	.030	8899.32	43.21		
NON-HSC HOSPITALS TOTAL	467	3,197	5,459,107.00	1707.57	.017	11689.74	28.44		
ACCOMMODATIONS	466	3,197	1,728,615.62	540.70	.017	3709.48	9.01		
ADMINISTRATIVE DAYS	50	723	157,326.37	217.60	.004	3146.53	.82		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	426	2,474	1,571,289.25	635.12	.013	3688.47	8.19		
ANCILLARIES	465	0	3,730,491.38	.00	.000	8022.56	19.44		

INPATIENT CROSSOVERS	229	1,476		227,055.38	153.83	.008	991.51	1.18
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7,473	38,742		998,255.15	25.77	.202	133.58	5.20
MEDICAL	1,361	2,151		98,688.08	45.88	.011	72.51	.51
SURGERY	471	540		20,658.56	38.26	.003	43.86	.11
PATHOLOGY	2,446	13,804		135,974.12	9.85	.072	55.59	.71
RADIOLOGY	1,880	2,978		224,144.70	75.27	.016	119.23	1.17
ROOM USE	4,296	5,552		204,915.71	36.91	.029	47.70	1.07
CROSSOVERS/ALL OTH OUTPTNT	3,632	13,717		313,873.98	22.88	.071	86.42	1.64
@STATE HOSPITAL	0	0	\$	.00	\$	.000	.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	985	25,867	\$	3,886,026.54	\$ 150.23	.135	3945.20	\$ 20.25
LEV A-INTERMEDIATE	5	108		7,530.15	69.72	.001	1506.03	.04
LEV B-REHAB MD	16	484		63,326.88	130.84	.003	3957.93	.33
LEV B-SUBACUTE FREESTANDING	0	0		1,167.10CR	.00	.000	.00	.01CR
LEV B-SUBACUTE HSPTL BASED	24	886		426,756.32	481.67	.005	17781.51	2.22
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	940	24,389		3,389,580.29	138.98	.127	3605.94	17.66
@INTERMEDIATE CARE FACIL.-DD	44	1,376	\$	208,541.07	\$ 151.56	.007	4739.57	\$ 1.09
ICF DDH	35	1,153		168,327.29	145.99	.006	4809.35	.88
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	9	223		40,213.78	180.33	.001	4468.20	.21
@HEMODIALYSIS TOTAL	557	12,386	\$	680,259.74	\$ 54.92	.065	1221.29	\$ 3.54
HOSPITAL BASED	8	80		31,545.78	394.32	.000	3943.22	.16
HEMODIALYSIS CENTER	549	12,306		648,713.96	52.72	.064	1181.63	3.38
@REHABILITATION FACILITY	139	1,472	\$	23,331.41	\$ 15.85	.008	167.85	\$.12
HOSPITAL BASED	64	174		8,147.70	46.83	.001	127.31	.04
INDEPENDENT FACILITY	75	1,298		15,183.71	11.70	.007	202.45	.08
@LABORATORY FACILITY	2,570	10,107	\$	136,326.04	\$ 13.49	.053	53.05	\$.71
PATHOLOGY	2,540	10,056		135,559.97	13.48	.052	53.37	.71
XO AND OTHERS	31	51		766.07	15.02	.000	24.71	.00
@ORGANIZED OUTPATIENT CLINIC	46,786	79,531	\$	16,821,682.29	\$ 211.51	.414	359.55	\$ 87.64
CLINIC	2,119	11,178		306,931.62	27.46	.058	144.85	1.60
SURGICENTER	45	158		12,218.09	77.33	.001	271.51	.06
HEROIN DETOX CLINIC	7	99		1,140.83	11.52	.001	162.98	.01
RURAL HEALTH CLINIC	44,798	68,096		16,501,391.75	242.33	.355	368.35	85.97
#CALIF DEPT OF HEALTH SERV								
MOP024								
CONTRA COSTA COUNT								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

PAGE 2,032
01/29/04

191,942 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12,204	693,604	\$ 1,940,951.38	\$ 2.80	3.614	\$ 159.04	\$ 10.11
DURABLE MED. EQUIP.	340	2,053	170,117.21	82.86	.011	500.34	.89
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	47	70	34,964.06	499.49	.000	743.92	.18
MEDICAL TRANSPORTATION	1,362	34,246	299,972.40	8.76	.178	220.24	1.56
AMBULANCES/AIR TRANS	1,091	11,925	173,818.82	14.58	.062	159.32	.91
OTHER TRANS	273	22,118	87,856.61	3.97	.115	321.82	.46
OTHER SERVICES	46	203	38,296.97	188.66	.001	832.54	.20
ACUPUNCTURE	145	523	9,395.18	17.96	.003	64.79	.05
ADULT DAY HEALTH CARE CTR	151	1,908	132,525.54	69.46	.010	877.65	.69
GENETIC DISEASE TESTING	642	642	65,539.50	102.09	.003	102.09	.34
IHMC,MODEL-NF,NF,AIDS,MSSP	104	10,556	288,875.46	27.37	.055	2777.65	1.51
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3,174	7,112	75,030.85	10.55	.037	23.64	.39
PHYSICAL THERAPIST	1	2	11.09	5.55	.000	11.09	.00
PORTABLE X-RAY	38	74	689.27	9.31	.000	18.14	.00
PROSTHETIST/ORTHOTISTS	172	529	64,148.54	121.26	.003	372.96	.33

PROSTHETICS	142	498	61,529.88	123.55	.003	433.31	.32
ORTHOTICS	31	31	2,618.66	84.47	.000	84.47	.01
PSYCHOLOGIST	17	40	767.55	19.19	.000	45.15	.00
SPEECH AND AUDIOLOGY	145	363	49,766.31	137.10	.002	343.22	.26
HOSPICE SERVICES	70	1,742	259,675.92	149.07	.009	3709.66	1.35
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,894	35,609	357,833.06	10.05	.186	73.12	1.86
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,235	598,135	131,639.44	.22	3.116	106.59	.69
@CALIF. CHILDREN SERVICES*	2,168	36,796	\$ 6,002,754.50	\$ 163.14	.192	\$ 2768.80	\$ 31.27
@XOVER EXCLUDING STATE HOSP**	4,936	35,802	\$ 968,102.02	\$ 27.04	.187	\$ 196.13	\$ 5.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,033
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

448 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	514	9,715	\$ 646,922.86	\$ 66.59	21.685	\$ 1258.60	\$ 1444.02
@PHYSICIANS SERVICES	55	232	\$ 5,622.80	\$ 24.24	.518	\$ 102.23	\$ 12.55
OUTPATIENT VISITS	5	5	346.19	69.24	.011	69.24	.77
OFFICE VISITS	1	1	28.23	28.23	.002	28.23	.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	317.96	79.49	.009	79.49	.71
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	15	582.52	38.83	.033	291.26	1.30
HOSPITAL VISITS	2	15	582.52	38.83	.033	291.26	1.30
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	85.85	42.93	.004	42.93	.19
PRINCIPAL SURGEON	2	2	85.85	42.93	.004	42.93	.19
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	5	29	1,904.11	65.66	.065	380.82	4.25
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	49	181	2,704.13	14.94	.404	55.19	6.04
@PHARMACY	290	1,982	\$ 103,923.27	\$ 52.43	4.424	\$ 358.36	\$ 231.97
PRESCRIPTION DRUGS	285	1,485	102,901.93	69.29	3.315	361.06	229.69
SNF/ICF	129	886	36,783.15	41.52	1.978	285.14	82.11
OUTPATIENTS	159	599	66,118.78	110.38	1.337	415.84	147.59
MEDICAL SUPPLIES	10	497	1,021.34	2.06	1.109	102.13	2.28
@DENTIST	43	224	\$ 10,019.00	\$ 44.73	.500	\$ 233.00	\$ 22.36
VISITS - DIAGNOSTIC	27	91	573.00	6.30	.203	21.22	1.28
ORAL SURGERY	13	64	2,299.00	35.92	.143	176.85	5.13

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.002	100.00	.22
PERIODONTICS	2	2	318.00	159.00	.004	159.00	.71
ENDODONTICS	3	3	.00	.00	.007	.00	.00
RESTORATIVE DENTISTRY	6	26	899.00	34.58	.058	149.83	2.01
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	16	30	5,830.00	194.33	.067	364.38	13.01
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	7	.00	.00	.016	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,034
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

448 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	11	\$ 178.87	\$ 16.26	.025	\$ 44.72	\$.40
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	3	8	138.02	17.25	.018	46.01	.31
OTHER OPTOMETRIC SERVICES	2	3	40.85	13.62	.007	20.43	.09
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	18	23	\$ 201.07	\$ 8.74	.051	\$ 11.17	\$.45
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	18	23	201.07	8.74	.051	11.17	.45
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	44	294	\$ 34,701.51	\$ 118.03	.656	\$ 788.67	\$ 77.46
HOSP INPATIENT TOTAL	18	103	27,660.95	268.55	.230	1536.72	61.74
HSC HOSPITALS	3	14	10,637.00	759.79	.031	3545.67	23.74
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	15	89	17,023.95	191.28	.199	1134.93	38.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	26	191	7,040.56	36.86	.426	270.79	15.72
MEDICAL	2	1	27.82	27.82	.002	13.91	.06
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	22	225.86	10.27	.049	45.17	.50
RADIOLOGY	6	67	4,657.78	69.52	.150	776.30	10.40
ROOM USE	3	3	85.57	28.52	.007	28.52	.19
CROSSOVERS/ALL OTH OUTPTNT	23	98	2,043.53	20.85	.219	88.85	4.56
@COUNTY HOSPITAL TOTAL	3	13	\$ 13,108.00	\$ 1008.31	.029	\$ 4369.33	\$ 29.26
CO HOSPITAL INPATIENT TOTAL	3	13	13,108.00	1008.31	.029	4369.33	29.26
HSC HOSPITALS	1	6	5,660.00	943.33	.013	5660.00	12.63
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	7	7,448.00	1064.00	.016	3724.00	16.63
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,035
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - SOC - AGED						AID CODE 17 1Y
						----- MONTHLY AVERAGE -----	
448 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	42	281	\$	21,593.51	\$ 76.85	.627	\$ 514.13	\$ 48.20
COMM HOSP INPATIENT TOTAL	16	90		14,552.95	161.70	.201	909.56	32.48
HSC HOSPITALS	2	8		4,977.00	622.13	.018	2488.50	11.11
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	14	82		9,575.95	116.78	.183	684.00	21.37
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	26	191		7,040.56	36.86	.426	270.79	15.72
MEDICAL	2	1		27.82	27.82	.002	13.91	.06
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	5	22		225.86	10.27	.049	45.17	.50
RADIOLOGY	6	67		4,657.78	69.52	.150	776.30	10.40
ROOM USE	3	3		85.57	28.52	.007	28.52	.19
CROSSOVERS/ALL OTH OUTPTNT	23	98		2,043.53	20.85	.219	88.85	4.56
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	141	3,787	\$	450,670.99	\$ 119.00	8.453	\$ 3196.25	\$ 1005.96
LEV A-INTERMEDIATE	3	240		15,097.90	62.91	.536	5032.63	33.70
LEV B-REHAB MD	2	39		4,716.27	120.93	.087	2358.14	10.53
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	136	3,508		430,856.82	122.82	7.830	3168.06	961.73
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	7	7	\$	3,135.44	\$ 447.92	.016	\$ 447.92	\$ 7.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	7	7		3,135.44	447.92	.016	447.92	7.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	1.03	\$ 1.03	.002	\$ 1.03	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	1	1		1.03	1.03	.002	1.03	.00
@ORGANIZED OUTPATIENT CLINIC	48	72	\$	9,185.17	\$ 127.57	.161	\$ 191.36	\$ 20.50
CLINIC	1	2		68.41	34.21	.004	68.41	.15
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	47	70		9,116.76	130.24	.156	193.97	20.35
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - SOC - AGED							
				AID CODE 17 1Y				
				----- MONTHLY AVERAGE -----				
448 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	72	3,082	\$ 29,283.71	\$ 9.50	6.879	\$ 406.72	\$ 65.37	
DURABLE MED. EQUIP.	6	98	4,718.65	48.15	.219	786.44	10.53	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	3	3	1,332.12	444.04	.007	444.04	2.97	
MEDICAL TRANSPORTATION	21	905	4,191.90	4.63	2.020	199.61	9.36	
AMBULANCES/AIR TRANS	3	7	346.72	49.53	.016	115.57	.77	
OTHER TRANS	15	848	3,613.46	4.26	1.893	240.90	8.07	

OTHER SERVICES	5	50	231.72	4.63	.112	46.34	.52
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	10	188	13,044.32	69.38	.420	1304.43	29.12
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	13	186.91	14.38	.029	26.70	.42
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	1.73	.87	.004	1.73	.00
PROSTHETIST/ORTHOTISTS	1	2	45.98	22.99	.004	45.98	.10
PROSTHETICS	1	2	45.98	22.99	.004	45.98	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	9	2,367.59	263.07	.020	473.52	5.28
HOSPICE SERVICES	3	20	2,428.34	121.42	.045	809.45	5.42
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	1,842	966.17	.52	4.112	60.39	2.16
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	142	2,561	\$ 55,723.25	\$ 21.76	5.717	\$ 392.42	\$ 124.38

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,037
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - SOC - BLIND	AID CODE 27	

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	16	348	\$ 5,162.42	\$ 14.83	49.714	\$ 322.65	\$ 737.49
@PHYSICIANS SERVICES	6	18	\$ 266.58	\$ 14.81	2.571	\$ 44.43	\$ 38.08
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	4	131.97	32.99	.571	131.97	18.85
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	131.97	32.99	.571	131.97	18.85
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	10.33	10.33	.143	10.33	1.48
RADIOLOGY	1	2	54.82	27.41	.286	54.82	7.83
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00		.00		.000		.00		.00
OTHER SERVICES/ALL X-OVERS	4	11		69.46		6.31		1.571		17.37		9.92
@PHARMACY	7	289	\$	3,142.32	\$	10.87		41.286	\$	448.90	\$	448.90
PRESCRIPTION DRUGS	6	20		2,459.59		122.98		2.857		409.93		351.37
SNF/ICF	0	0		.00		.00		.000		.00		.00
OUTPATIENTS	6	20		2,459.59		122.98		2.857		409.93		351.37
MEDICAL SUPPLIES	3	269		682.73		2.54		38.429		227.58		97.53
@DENTIST	2	9	\$	20.00	\$	2.22		1.286	\$	10.00	\$	2.86
VISITS - DIAGNOSTIC	2	9		20.00		2.22		1.286		10.00		2.86
ORAL SURGERY	0	0		.00		.00		.000		.00		.00
DRUGS	0	0		.00		.00		.000		.00		.00
ANESTHESIA	0	0		.00		.00		.000		.00		.00
PERIODONTICS	0	0		.00		.00		.000		.00		.00
ENDODONTICS	0	0		.00		.00		.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00		.000		.00		.00
PROSTHETICS	0	0		.00		.00		.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00		.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00		.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00		.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00		.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00		.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00		.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003											
MOP024	FEE-FOR-SERVICE/DENTAL											
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - SOC - BLIND											
	AID CODE 27											

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01/29/04

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	20	\$ 1,596.09	\$ 79.80	2.857	\$ 532.03	\$ 228.01
HOSP INPATIENT TOTAL	1	0	1,122.55	.00	.000	1122.55	160.36
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	1,607.45CR	.00	.000	.00	229.64CR
ACCOMMODATIONS	0	0	5,661.96	.00	.000	.00	808.85
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	5,661.96	.00	.000	.00	808.85
ANCILLARIES	0	0	7,269.41CR	.00	.000	.00	1038.49CR
INPATIENT CROSSOVERS	1	0	2,730.00	.00	.000	2730.00	390.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	20	473.54	23.68	2.857	236.77	67.65
MEDICAL	2	2	19.42	9.71	.286	9.71	2.77
SURGERY	2	2	185.29	92.65	.286	92.65	26.47
PATHOLOGY	2	7	51.57	7.37	1.000	25.79	7.37

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	145.92	72.96	.286	145.92	20.85
CROSSOVERS/ALL OTH OUTPTNT	1	7	71.34	10.19	1.000	71.34	10.19
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,039
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - SOC - BLIND						AID CODE 27

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	20	\$ 1,596.09	\$ 79.80	2.857	\$ 532.03	\$ 228.01
COMM HOSP INPATIENT TOTAL	1	0	1,122.55	.00	.000	1122.55	160.36
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	1,607.45CR	.00	.000	.00	229.64CR
ACCOMMODATIONS	0	0	5,661.96	.00	.000	.00	808.85
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	5,661.96	.00	.000	.00	808.85
ANCILLARIES	0	0	7,269.41CR	.00	.000	.00	1038.49CR
INPATIENT CROSSOVERS	1	0	2,730.00	.00	.000	2730.00	390.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	20	473.54	23.68	2.857	236.77	67.65
MEDICAL	2	2	19.42	9.71	.286	9.71	2.77
SURGERY	2	2	185.29	92.65	.286	92.65	26.47
PATHOLOGY	2	7	51.57	7.37	1.000	25.79	7.37
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	145.92	72.96	.286	145.92	20.85
CROSSOVERS/ALL OTH OUTPTNT	1	7	71.34	10.19	1.000	71.34	10.19
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00	
@LABORATORY FACILITY	1	2	\$	29.95	\$	14.98	.286	\$ 29.95	\$ 4.28	
PATHOLOGY	1	2		29.95		14.98	.286	29.95	4.28	
XO AND OTHERS	0	0		.00		.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00	
SURGICENTER	0	0		.00		.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									PAGE 2,040
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - SOC - BLIND									AID CODE 27

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	10	\$ 107.48	\$ 10.75	1.429	\$ 21.50	\$ 15.35
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	3	19.84	6.61	.429	19.84	2.83
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	3	19.84	6.61	.429	19.84	2.83
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	7	87.64	12.52	1.000	21.91	12.52
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	9	285	\$ 3,550.15	\$ 12.46	40.714	\$ 394.46	\$ 507.16

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

PAGE 2,041 01/29/04

986 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,182	15,080	\$ 1,985,837.98	\$ 131.69	15.294	\$ 1680.07	\$ 2014.03
@PHYSICIANS SERVICES	268	2,852	\$ 71,076.18	\$ 24.92	2.892	\$ 265.21	\$ 72.09
OUTPATIENT VISITS	68	98	4,614.94	47.09	.099	67.87	4.68
OFFICE VISITS	23	30	804.37	26.81	.030	34.97	.82
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	41	49	3,384.09	69.06	.050	82.54	3.43
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	11	19	426.48	22.45	.019	38.77	.43
INPATIENT VISITS	80	612	26,120.56	42.68	.621	326.51	26.49
HOSPITAL VISITS	78	576	23,416.56	40.65	.584	300.21	23.75
CRITICAL CARE	6	18	1,972.20	109.57	.018	328.70	2.00
SNF/ICF/TRANS IP CARE	3	18	731.80	40.66	.018	243.93	.74
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	29	491	14,838.10	30.22	.498	511.66	15.05
PRINCIPAL SURGEON	25	50	12,204.93	244.10	.051	488.20	12.38

ASSISTANT SURGEON	0	0		.00		.000	.00	.00
ANESTHESIOLOGIST	10	441		2,633.17	5.97	.447	263.32	2.67
OUTPATIENT SURGERY	14	23		2,422.33	105.32	.023	173.02	2.46
PRINCIPAL SURGEON	14	23		2,422.33	105.32	.023	173.02	2.46
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	2	9		571.05	63.45	.009	285.53	.58
PATHOLOGY	52	617		2,126.97	3.45	.626	40.90	2.16
RADIOLOGY	82	252		10,592.23	42.03	.256	129.17	10.74
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		43.83	43.83	.001	43.83	.04
OTHER SERVICES/ALL X-OVERS	143	749		9,746.17	13.01	.760	68.16	9.88
@PHARMACY	539	4,788	\$	706,824.29	\$ 147.62	4.856	\$ 1311.36	\$ 716.86
PRESCRIPTION DRUGS	530	3,203		697,702.16	217.83	3.248	1316.42	707.61
SNF/ICF	23	260		12,723.92	48.94	.264	553.21	12.90
OUTPATIENTS	508	2,943		684,978.24	232.75	2.985	1348.38	694.70
MEDICAL SUPPLIES	54	1,585		9,122.13	5.76	1.608	168.93	9.25
@DENTIST	96	445	\$	13,915.00	\$ 31.27	.451	\$ 144.95	\$ 14.11
VISITS - DIAGNOSTIC	59	246		1,737.00	7.06	.249	29.44	1.76
ORAL SURGERY	14	37		1,141.00	30.84	.038	81.50	1.16
DRUGS	1	1		.00	.00	.001	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	11	11		918.00	83.45	.011	83.45	.93
ENDODONTICS	10	12		1,572.00	131.00	.012	157.20	1.59
RESTORATIVE DENTISTRY	32	94		5,812.00	61.83	.095	181.63	5.89
PROSTHETICS	1	1		.00	.00	.001	.00	.00
DENTURES, STAYPLATES	8	30		2,735.00	91.17	.030	341.88	2.77
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	9	13		.00	.00	.013	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,042
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y							

986 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9	33	\$ 457.77	\$ 13.87	.033	\$ 50.86	\$.46
DIAGNOSTIC AND ANC. PROCED	1	1	7.41	7.41	.001	7.41	.01
EYE APPLIANCES	7	30	448.46	14.95	.030	64.07	.45
OTHER OPTOMETRIC SERVICES	1	2	1.90	.95	.002	1.90	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	5	\$ 12.00	\$ 2.40	.005	\$ 3.00	\$.01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	5	12.00	2.40	.005	3.00	.01
@HOME HEALTH AGENCY	4	80	\$ 5,090.12	\$ 63.63	.081	\$ 1272.53	\$ 5.16
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	223	2,220	\$ 834,127.20	\$ 375.73	2.252	\$ 3740.48	\$ 845.97
HOSP INPATIENT TOTAL	94	712	814,267.92	1143.63	.722	8662.42	825.83
HSC HOSPITALS	50	276	276,426.56	1001.55	.280	5528.53	280.35
NON-HSC HOSPITAL TOTAL	29	361	525,568.28	1455.87	.366	18123.04	533.03
ACCOMMODATIONS	29	361	174,416.21	483.15	.366	6014.35	176.89

ADMINISTRATIVE DAYS	8	208	47,031.69	226.11	.211	5878.96	47.70
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	153	127,384.52	832.58	.155	6065.93	129.19
ANCILLARIES	28	0	351,152.07	.00	.000	12541.15	356.14
INPATIENT CROSSOVERS	16	75	12,273.08	163.64	.076	767.07	12.45
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	144	1,508	19,859.28	13.17	1.529	137.91	20.14
MEDICAL	38	58	1,638.50	28.25	.059	43.12	1.66
SURGERY	8	16	244.47	15.28	.016	30.56	.25
PATHOLOGY	37	232	2,127.67	9.17	.235	57.50	2.16
RADIOLOGY	30	42	2,789.02	66.41	.043	92.97	2.83
ROOM USE	49	71	2,418.02	34.06	.072	49.35	2.45
CROSSOVERS/ALL OTH OUTPTNT	114	1,089	10,641.60	9.77	1.104	93.35	10.79
@COUNTY HOSPITAL TOTAL	41	206	\$ 185,107.01	\$ 898.58	.209	\$ 4514.81	\$ 187.74
CO HOSPITAL INPATIENT TOTAL	33	184	184,277.99	1001.51	.187	5584.18	186.89
HSC HOSPITALS	31	177	180,613.16	1020.41	.180	5826.23	183.18
NON-HSC HOSPITALS TOTAL	1	7	2,905.63	415.09	.007	2905.63	2.95
ACCOMMODATIONS	1	7	1,403.60	200.51	.007	1403.60	1.42
ADMINISTRATIVE DAYS	1	7	1,403.60	200.51	.007	1403.60	1.42
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	1,502.03	.00	.000	1502.03	1.52
INPATIENT CROSSOVERS	1	0	759.20	.00	.000	759.20	.77
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	22	829.02	37.68	.022	103.63	.84
MEDICAL	2	3	126.06	42.02	.003	63.03	.13
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	4	459.43	114.86	.004	229.72	.47
ROOM USE	3	3	106.17	35.39	.003	35.39	.11
CROSSOVERS/ALL OTH OUTPTNT	3	12	137.36	11.45	.012	45.79	.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,043
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y						

986 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	188	2,014	\$ 649,020.19	\$ 322.25	2.043	\$ 3452.24	\$ 658.24
COMM HOSP INPATIENT TOTAL	62	528	629,989.93	1193.16	.535	10161.13	638.94
HSC HOSPITALS	20	99	95,813.40	967.81	.100	4790.67	97.17
NON-HSC HOSPITALS TOTAL	28	354	522,662.65	1476.45	.359	18666.52	530.08
ACCOMMODATIONS	28	354	173,012.61	488.74	.359	6179.02	175.47
ADMINISTRATIVE DAYS	7	201	45,628.09	227.01	.204	6518.30	46.28
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	153	127,384.52	832.58	.155	6065.93	129.19
ANCILLARIES	27	0	349,650.04	.00	.000	12950.00	354.61
INPATIENT CROSSOVERS	15	75	11,513.88	153.52	.076	767.59	11.68
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	136	1,486	19,030.26	12.81	1.507	139.93	19.30
MEDICAL	36	55	1,512.44	27.50	.056	42.01	1.53
SURGERY	8	16	244.47	15.28	.016	30.56	.25
PATHOLOGY	37	232	2,127.67	9.17	.235	57.50	2.16
RADIOLOGY	28	38	2,329.59	61.31	.039	83.20	2.36
ROOM USE	46	68	2,311.85	34.00	.069	50.26	2.34
CROSSOVERS/ALL OTH OUTPTNT	111	1,077	10,504.24	9.75	1.092	94.63	10.65
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	31	634	\$ 92,770.96	\$ 146.33	.643	\$ 2992.61	\$ 94.09
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	30	11,466.80	382.23	.030	11466.80	11.63
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	30	604	81,304.16	134.61	.613	2710.14	82.46
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	56	85	30,130.34	354.47	.086	538.04	30.56
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	56	85	30,130.34	354.47	.086	538.04	30.56
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	22	114	2,756.17	24.18	.116	125.28	2.80
PATHOLOGY	22	114	2,756.17	24.18	.116	125.28	2.80
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	359	808	155,997.74	193.07	.819	434.53	158.21
CLINIC	10	113	2,352.46	20.82	.115	235.25	2.39
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	352	695	153,645.28	221.07	.705	436.49	155.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,044
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y						

986 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	108	3,016	\$ 72,680.21	\$ 24.10	3.059	\$ 672.96	\$ 73.71
DURABLE MED. EQUIP.	9	18	930.37	51.69	.018	103.37	.94
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	42	1,044	7,922.66	7.59	1.059	188.63	8.04
AMBULANCES/AIR TRANS	28	340	4,242.63	12.48	.345	151.52	4.30
OTHER TRANS	13	699	1,846.94	2.64	.709	142.07	1.87
OTHER SERVICES	2	5	1,833.09	366.62	.005	916.55	1.86
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	27	1,403	37,798.12	26.94	1.423	1399.93	38.33
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	15	37	487.62	13.18	.038	32.51	.49
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3	62.39	20.80	.003	62.39	.06
SPEECH AND AUDIOLOGY	1	3	832.24	277.41	.003	832.24	.84
HOSPICE SERVICES	4	167	24,303.50	145.53	.169	6075.88	24.65
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	341	343.31	1.01	.346	34.33	.35
@CALIF. CHILDREN SERVICES*	3	8	\$ 324.89CR	\$ 40.61CR	.008	\$ 108.30CR	.33CR
@XOVER EXCLUDING STATE HOSP**	204	2,556	\$ 68,945.54	\$ 26.97	2.592	\$ 337.97	\$ 69.92
@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;							

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,045
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

						----- MONTHLY AVERAGE -----		
1,302 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,179	6,013	\$ 882,766.80	\$ 146.81	4.618	\$ 748.74	\$ 678.01	
@PHYSICIANS SERVICES	449	2,071	\$ 70,147.12	\$ 33.87	1.591	\$ 156.23	\$ 53.88	
OUTPATIENT VISITS	205	248	11,641.68	46.94	.190	56.79	8.94	
OFFICE VISITS	57	76	2,513.34	33.07	.058	44.09	1.93	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	145	152	8,600.38	56.58	.117	59.31	6.61	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	2	14	366.59	26.19	.011	183.30	.28	

OTHER OUTPATIENT	5	6	161.37	26.90	.005	32.27	.12
INPATIENT VISITS	90	347	18,981.12	54.70	.267	210.90	14.58
HOSPITAL VISITS	83	295	13,119.26	44.47	.227	158.06	10.08
CRITICAL CARE	12	48	5,644.36	117.59	.037	470.36	4.34
SNF/ICF/TRANS IP CARE	1	4	217.50	54.38	.003	217.50	.17
OPHTHALMOLOGICAL SERVICES	2	3	111.45	37.15	.002	55.73	.09
EXAMINATIONS	2	3	111.45	37.15	.002	55.73	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	50	255	17,356.24	68.06	.196	347.12	13.33
PRINCIPAL SURGEON	35	42	12,556.50	298.96	.032	358.76	9.64
ASSISTANT SURGEON	7	7	812.31	116.04	.005	116.04	.62
ANESTHESIOLOGIST	17	206	3,987.43	19.36	.158	234.55	3.06
OUTPATIENT SURGERY	27	88	2,808.63	31.92	.068	104.02	2.16
PRINCIPAL SURGEON	24	25	1,558.50	62.34	.019	64.94	1.20
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	63	1,250.13	19.84	.048	312.53	.96
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	112	747	3,255.24	4.36	.574	29.06	2.50
RADIOLOGY	123	255	10,782.44	42.28	.196	87.66	8.28
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	6	177.97	29.66	.005	35.59	.14
OTHER SERVICES/ALL X-OVERS	74	122	5,032.35	41.25	.094	68.00	3.87
@PHARMACY	125	352	\$ 32,517.45	\$ 92.38	.270	\$ 260.14	\$ 24.98
PRESCRIPTION DRUGS	123	343	31,979.64	93.24	.263	260.00	24.56
SNF/ICF	1	18	236.49	13.14	.014	236.49	.18
OUTPATIENTS	122	325	31,743.15	97.67	.250	260.19	24.38
MEDICAL SUPPLIES	7	9	537.81	59.76	.007	76.83	.41
@DENTIST	124	696	\$ 15,878.50	\$ 22.81	.535	\$ 128.05	\$ 12.20
VISITS - DIAGNOSTIC	87	385	1,593.00	4.14	.296	18.31	1.22
ORAL SURGERY	22	58	2,450.00	42.24	.045	111.36	1.88
DRUGS	3	4	50.00	12.50	.003	16.67	.04
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.08
PERIODONTICS	3	3	243.00	81.00	.002	81.00	.19
ENDODONTICS	15	31	3,570.50	115.18	.024	238.03	2.74
RESTORATIVE DENTISTRY	47	172	7,677.00	44.63	.132	163.34	5.90
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	2	75.00	37.50	.002	37.50	.06
SPACE MAINTAINERS	2	2	120.00	60.00	.002	60.00	.09
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	5	20	.00	.00	.015	.00	.00
ALL OTHER SERVICES	9	18	.00	.00	.014	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37						

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1,302 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	12	30	\$ 632.10	\$ 21.07	.023	\$ 52.68	\$.49
DIAGNOSTIC AND ANC. PROCED	9	9	354.67	39.41	.007	39.41	.27
EYE APPLIANCES	6	21	277.43	13.21	.016	46.24	.21
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	2	10	\$	284.00	\$	28.40	.008	\$	142.00	\$	.22
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	334	1,694	\$	583,514.09	\$	344.46	1.301	\$	1747.05	\$	448.17
HOSP INPATIENT TOTAL	96	352		553,774.64		1573.22	.270		5768.49		425.33
HSC HOSPITALS	58	172		167,053.03		971.24	.132		2880.22		128.30
NON-HSC HOSPITAL TOTAL	38	180		386,721.61		2148.45	.138		10176.88		297.02
ACCOMMODATIONS	38	180		130,710.38		726.17	.138		3439.75		100.39
ADMINISTRATIVE DAYS	2	12		2,775.60		231.30	.009		1387.80		2.13
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	37	168		127,934.78		761.52	.129		3457.70		98.26
ANCILLARIES	38	0		256,011.23		.00	.000		6737.14		196.63
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	243	1,342		29,739.45		22.16	1.031		122.38		22.84
MEDICAL	62	81		1,776.54		21.93	.062		28.65		1.36
SURGERY	22	23		352.74		15.34	.018		16.03		.27
PATHOLOGY	112	544		4,240.52		7.80	.418		37.86		3.26
RADIOLOGY	94	168		14,016.19		83.43	.129		149.11		10.77
ROOM USE	213	245		6,275.63		25.61	.188		29.46		4.82
CROSSOVERS/ALL OTH OUTPTNT	141	281		3,077.83		10.95	.216		21.83		2.36
@COUNTY HOSPITAL TOTAL	37	122	\$	84,400.37	\$	691.81	.094	\$	2281.09	\$	64.82
CO HOSPITAL INPATIENT TOTAL	32	94		83,327.01		886.46	.072		2603.97		64.00
HSC HOSPITALS	32	94		83,327.01		886.46	.072		2603.97		64.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	5	28		1,073.36		38.33	.022		214.67		.82
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		51.44		51.44	.001		51.44		.04
PATHOLOGY	2	10		156.74		15.67	.008		78.37		.12
RADIOLOGY	1	3		414.54		138.18	.002		414.54		.32
ROOM USE	4	7		377.94		53.99	.005		94.49		.29
CROSSOVERS/ALL OTH OUTPTNT	4	7		72.70		10.39	.005		18.18		.06

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	1,302 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	297	1,572	\$	499,113.72	\$ 317.50	1.207	\$ 1680.52	\$ 383.34
COMM HOSP INPATIENT TOTAL	64	258		470,447.63	1823.44	.198	7350.74	361.33
HSC HOSPITALS	26	78		83,726.02	1073.41	.060	3220.23	64.31
NON-HSC HOSPITALS TOTAL	38	180		386,721.61	2148.45	.138	10176.88	297.02
ACCOMMODATIONS	38	180		130,710.38	726.17	.138	3439.75	100.39
ADMINISTRATIVE DAYS	2	12		2,775.60	231.30	.009	1387.80	2.13
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	37	168		127,934.78	761.52	.129	3457.70	98.26
ANCILLARIES	38	0		256,011.23	.00	.000	6737.14	196.63
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	238	1,314		28,666.09	21.82	1.009	120.45	22.02
MEDICAL	62	81		1,776.54	21.93	.062	28.65	1.36

SURGERY	21	22	301.30	13.70	.017	14.35	.23
PATHOLOGY	110	534	4,083.78	7.65	.410	37.13	3.14
RADIOLOGY	93	165	13,601.65	82.43	.127	146.25	10.45
ROOM USE	209	238	5,897.69	24.78	.183	28.22	4.53
CROSSOVERS/ALL OTH OUTPTNT	137	274	3,005.13	10.97	.210	21.94	2.31
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	175	12,406.19	70.89	.134	6203.10	9.53
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	175	12,406.19	70.89	.134	6203.10	9.53
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	34	144	2,092.16	14.53	.111	61.53	1.61
PATHOLOGY	34	144	2,092.16	14.53	.111	61.53	1.61
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	369	556	156,743.81	281.91	.427	424.78	120.39
CLINIC	2	8	495.14	61.89	.006	247.57	.38
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	367	548	156,248.67	285.13	.421	425.75	120.01
#CALIF DEPT OF HEALTH SERV							
MOP024							
CONTRA COSTA COUNT							

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
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	1,302 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	53	285	\$	8,551.38	\$ 30.00	.219	\$ 161.35	\$ 6.57
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	32	222		7,609.98	34.28	.171	237.81	5.84
AMBULANCES/AIR TRANS	31	194		3,960.24	20.41	.149	127.75	3.04
OTHER TRANS	1	26		49.74	1.91	.020	49.74	.04
OTHER SERVICES	2	2		3,600.00	1800.00	.002	1800.00	2.76
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1		105.00	105.00	.001	105.00	.08
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	11	23		238.39	10.36	.018	21.67	.18
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10	39	598.01	15.33	.030	59.80	.46
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	14	103	\$ 22,234.20	\$ 215.87	.079	\$ 1588.16	\$ 17.08
@XOVER EXCLUDING STATE HOSP**	1	5	\$ 16.97	\$ 3.39	.004	\$ 16.97	\$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,049
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - SOC - TOTAL

2,743 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,891	31,156	\$ 3,520,690.06	\$ 113.00	11.358	\$ 1217.81	\$ 1283.52
@PHYSICIANS SERVICES	778	5,173	\$ 147,112.68	\$ 28.44	1.886	\$ 189.09	\$ 53.63
OUTPATIENT VISITS	278	351	16,602.81	47.30	.128	59.72	6.05
OFFICE VISITS	81	107	3,345.94	31.27	.039	41.31	1.22
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	190	205	12,302.43	60.01	.075	64.75	4.49
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	14	366.59	26.19	.005	183.30	.13
OTHER OUTPATIENT	16	25	587.85	23.51	.009	36.74	.21
INPATIENT VISITS	172	974	45,684.20	46.90	.355	265.61	16.65
HOSPITAL VISITS	163	886	37,118.34	41.89	.323	227.72	13.53
CRITICAL CARE	18	66	7,616.56	115.40	.024	423.14	2.78
SNF/ICF/TRANS IP CARE	4	22	949.30	43.15	.008	237.33	.35
OPHTHALMOLOGICAL SERVICES	2	3	111.45	37.15	.001	55.73	.04
EXAMINATIONS	2	3	111.45	37.15	.001	55.73	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	79	746	32,194.34	43.16	.272	407.52	11.74
PRINCIPAL SURGEON	60	92	24,761.43	269.15	.034	412.69	9.03
ASSISTANT SURGEON	7	7	812.31	116.04	.003	116.04	.30
ANESTHESIOLOGIST	27	647	6,620.60	10.23	.236	245.21	2.41
OUTPATIENT SURGERY	44	117	5,448.78	46.57	.043	123.84	1.99
PRINCIPAL SURGEON	40	50	4,066.68	81.33	.018	101.67	1.48
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	67	1,382.10	20.63	.024	276.42	.50
DIALYSIS	2	9	571.05	63.45	.003	285.53	.21
PATHOLOGY	165	1,365	5,392.54	3.95	.498	32.68	1.97
RADIOLOGY	211	538	23,333.60	43.37	.196	110.59	8.51
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	7	221.80	31.69	.003	36.97	.08
OTHER SERVICES/ALL X-OVERS	270	1,063	17,552.11	16.51	.388	65.01	6.40
@PHARMACY	961	7,411	\$ 846,407.33	\$ 114.21	2.702	\$ 880.76	\$ 308.57
PRESCRIPTION DRUGS	944	5,051	835,043.32	165.32	1.841	884.58	304.43
SNF/ICF	153	1,164	49,743.56	42.74	.424	325.12	18.13
OUTPATIENTS	795	3,887	785,299.76	202.03	1.417	987.80	286.29
MEDICAL SUPPLIES	74	2,360	11,364.01	4.82	.860	153.57	4.14
@DENTIST	265	1,374	\$ 39,832.50	\$ 28.99	.501	\$ 150.31	\$ 14.52
VISITS - DIAGNOSTIC	175	731	3,923.00	5.37	.266	22.42	1.43
ORAL SURGERY	49	159	5,890.00	37.04	.058	120.20	2.15
DRUGS	4	5	50.00	10.00	.002	12.50	.02
ANESTHESIA	2	2	200.00	100.00	.001	100.00	.07
PERIODONTICS	16	16	1,479.00	92.44	.006	92.44	.54
ENDODONTICS	28	46	5,142.50	111.79	.017	183.66	1.87

RESTORATIVE DENTISTRY	85	292	14,388.00	49.27	.106	169.27	5.25
PROSTHETICS	1	1	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	26	62	8,640.00	139.35	.023	332.31	3.15
SPACE MAINTAINERS	2	2	120.00	60.00	.001	60.00	.04
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	5	20	.00	.00	.007	.00	.00
ALL OTHER SERVICES	23	38	.00	.00	.014	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,050
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - SOC - TOTAL						
----- MONTHLY AVERAGE -----							
2,743 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	25	74 \$	1,268.74	\$ 17.15	.027	\$ 50.75	\$.46
DIAGNOSTIC AND ANC. PROCED	10	10	362.08	36.21	.004	36.21	.13

EYE APPLIANCES	16	59		863.91	14.64	.022	53.99	.31
OTHER OPTOMETRIC SERVICES	3	5		42.75	8.55	.002	14.25	.02
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	22	28	\$	213.07	\$ 7.61	.010	\$ 9.69	\$.08
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	22	28		213.07	7.61	.010	9.69	.08
@HOME HEALTH AGENCY	4	80	\$	5,090.12	\$ 63.63	.029	\$ 1272.53	\$ 1.86
NURSE ANESTHESIST	2	10	\$	284.00	\$ 28.40	.004	\$ 142.00	\$.10
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	604	4,228	\$	1,453,938.89	\$ 343.88	1.541	\$ 2407.18	\$ 530.05
HOSP INPATIENT TOTAL	209	1,167		1,396,826.06	1196.94	.425	6683.38	509.23
HSC HOSPITALS	111	462		454,116.59	982.94	.168	4091.14	165.55
NON-HSC HOSPITAL TOTAL	67	541		910,682.44	1683.33	.197	13592.28	332.00
ACCOMMODATIONS	67	541		310,788.55	574.47	.197	4638.64	113.30
ADMINISTRATIVE DAYS	10	220		49,807.29	226.40	.080	4980.73	18.16
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	58	321		260,981.26	813.03	.117	4499.68	95.14
ANCILLARIES	66	0		599,893.89	.00	.000	9089.30	218.70
INPATIENT CROSSOVERS	32	164		32,027.03	195.29	.060	1000.84	11.68
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	415	3,061		57,112.83	18.66	1.116	137.62	20.82
MEDICAL	104	142		3,462.28	24.38	.052	33.29	1.26
SURGERY	32	41		782.50	19.09	.015	24.45	.29
PATHOLOGY	156	805		6,645.62	8.26	.293	42.60	2.42
RADIOLOGY	130	277		21,462.99	77.48	.101	165.10	7.82
ROOM USE	266	321		8,925.14	27.80	.117	33.55	3.25
CROSSOVERS/ALL OTH OUTPTNT	279	1,475		15,834.30	10.74	.538	56.75	5.77
@COUNTY HOSPITAL TOTAL	81	341	\$	282,615.38	\$ 828.78	.124	\$ 3489.08	\$ 103.03
CO HOSPITAL INPATIENT TOTAL	68	291		280,713.00	964.65	.106	4128.13	102.34
HSC HOSPITALS	64	277		269,600.17	973.29	.101	4212.50	98.29
NON-HSC HOSPITALS TOTAL	1	7		2,905.63	415.09	.003	2905.63	1.06
ACCOMMODATIONS	1	7		1,403.60	200.51	.003	1403.60	.51
ADMINISTRATIVE DAYS	1	7		1,403.60	200.51	.003	1403.60	.51
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	1	0		1,502.03	.00	.000	1502.03	.55
INPATIENT CROSSOVERS	3	7		8,207.20	1172.46	.003	2735.73	2.99
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13	50		1,902.38	38.05	.018	146.34	.69
MEDICAL	2	3		126.06	42.02	.001	63.03	.05
SURGERY	1	1		51.44	51.44	.000	51.44	.02
PATHOLOGY	2	10		156.74	15.67	.004	78.37	.06
RADIOLOGY	3	7		873.97	124.85	.003	291.32	.32
ROOM USE	7	10		484.11	48.41	.004	69.16	.18
CROSSOVERS/ALL OTH OUTPTNT	7	19		210.06	11.06	.007	30.01	.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - SOC - TOTAL							

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	2,743 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	530	3,887	\$	1,171,323.51	\$ 301.34	1.417	\$ 2210.04	\$ 427.02
COMM HOSP INPATIENT TOTAL	143	876		1,116,113.06	1274.10	.319	7804.99	406.90
HSC HOSPITALS	48	185		184,516.42	997.39	.067	3844.09	67.27

----- MONTHLY AVERAGE -----

NON-HSC HOSPITALS TOTAL	66	534		907,776.81	1699.96	.195	13754.19	330.94
ACCOMMODATIONS	66	534		309,384.95	579.37	.195	4687.65	112.79
ADMINISTRATIVE DAYS	9	213		48,403.69	227.25	.078	5378.19	17.65
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	58	321		260,981.26	813.03	.117	4499.68	95.14
ANCILLARIES	65	0		598,391.86	.00	.000	9206.03	218.15
INPATIENT CROSSOVERS	30	157		23,819.83	151.72	.057	793.99	8.68
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	402	3,011		55,210.45	18.34	1.098	137.34	20.13
MEDICAL	102	139		3,336.22	24.00	.051	32.71	1.22
SURGERY	31	40		731.06	18.28	.015	23.58	.27
PATHOLOGY	154	795		6,488.88	8.16	.290	42.14	2.37
RADIOLOGY	127	270		20,589.02	76.26	.098	162.12	7.51
ROOM USE	259	311		8,441.03	27.14	.113	32.59	3.08
CROSSOVERS/ALL OTH OUTPTNT	272	1,456		15,624.24	10.73	.531	57.44	5.70
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	174	4,596	\$	555,848.14	120.94	1.676	3194.53	202.64
LEV A-INTERMEDIATE	3	240		15,097.90	62.91	.087	5032.63	5.50
LEV B-REHAB MD	2	39		4,716.27	120.93	.014	2358.14	1.72
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	30		11,466.80	382.23	.011	11466.80	4.18
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	168	4,287		524,567.17	122.36	1.563	3122.42	191.24
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	63	92	\$	33,265.78	361.58	.034	528.03	12.13
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	63	92		33,265.78	361.58	.034	528.03	12.13
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	58	261	\$	4,879.31	18.69	.095	84.13	1.78
PATHOLOGY	57	260		4,878.28	18.76	.095	85.58	1.78
XO AND OTHERS	1	1		1.03	1.03	.000	1.03	.00
@ORGANIZED OUTPATIENT CLINIC	776	1,436	\$	321,926.72	224.18	.524	414.85	117.36
CLINIC	13	123		2,916.01	23.71	.045	224.31	1.06
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	766	1,313		319,010.71	242.96	.479	416.46	116.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - SOC - TOTAL							

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						----- MONTHLY AVERAGE -----			
2,743 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	238		6,393	\$ 110,622.78	\$ 17.30	2.331	\$ 464.80	\$ 40.33	
DURABLE MED. EQUIP.	15		116	5,649.02	48.70	.042	376.60	2.06	
BLOOD BANK	0		0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	3		3	1,332.12	444.04	.001	444.04	.49	
MEDICAL TRANSPORTATION	96		2,174	19,744.38	9.08	.793	205.67	7.20	
AMBULANCES/AIR TRANS	62		541	8,549.59	15.80	.197	137.90	3.12	
OTHER TRANS	30		1,576	5,529.98	3.51	.575	184.33	2.02	
OTHER SERVICES	9		57	5,664.81	99.38	.021	629.42	2.07	
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	10		188	13,044.32	69.38	.069	1304.43	4.76	
GENETIC DISEASE TESTING	1		1	105.00	105.00	.000	105.00	.04	

IHMC, MODEL-NF, NF, AIDS, MSSP	27	1,403	37,798.12	26.94	.511	1399.93	13.78
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	33	73	912.92	12.51	.027	27.66	.33
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	1.73	.87	.001	1.73	.00
PROSTHETIST/ORTHOTISTS	1	2	45.98	22.99	.001	45.98	.02
PROSTHETICS	1	2	45.98	22.99	.001	45.98	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3	62.39	20.80	.001	62.39	.02
SPEECH AND AUDIOLOGY	6	12	3,199.83	266.65	.004	533.31	1.17
HOSPICE SERVICES	7	187	26,731.84	142.95	.068	3818.83	9.75
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10	39	598.01	15.33	.014	59.80	.22
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	30	2,190	1,397.12	.64	.798	46.57	.51
@CALIF. CHILDREN SERVICES*	17	111	\$ 21,909.31	\$ 197.38	.040	\$ 1288.78	\$ 7.99
@XOVER EXCLUDING STATE HOSP**	356	5,407	\$ 128,235.91	\$ 23.72	1.971	\$ 360.21	\$ 46.75

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,053
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED	AID CODE 13	

14,858 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	14,568	713,146	\$ 48,260,403.25	\$ 67.67	47.997	\$ 3312.77	\$ 3248.11
@PHYSICIANS SERVICES	1,266	2,512	\$ 32,962.51	\$ 13.12	.169	\$ 26.04	\$ 2.22
OUTPATIENT VISITS	6	6	348.28	58.05	.000	58.05	.02
OFFICE VISITS	2	2	106.40	53.20	.000	53.20	.01
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	241.88	60.47	.000	60.47	.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	47	142	5,179.01	36.47	.010	110.19	.35
HOSPITAL VISITS	6	70	2,957.85	42.26	.005	492.98	.20
CRITICAL CARE	1	1	121.60	121.60	.000	121.60	.01
SNF/ICF/TRANS IP CARE	43	71	2,099.56	29.57	.005	48.83	.14
OPHTHALMOLOGICAL SERVICES	8	12	412.22	34.35	.001	51.53	.03
EXAMINATIONS	8	12	412.22	34.35	.001	51.53	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	4	208.41	52.10	.000	69.47	.01
PRINCIPAL SURGEON	3	4	208.41	52.10	.000	69.47	.01
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	7	12	277.67	23.14	.001	39.67	.02
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1,211	2,336	26,536.92	11.36	.157	21.91	1.79
@PHARMACY	11,512	94,454	\$ 3,300,763.41	\$ 34.95	6.357	\$ 286.72	\$ 222.15
PRESCRIPTION DRUGS	11,473	67,527	3,258,013.69	48.25	4.545	283.97	219.28

SNF/ICF	11,082	65,381		3,213,478.14		49.15	4.400	289.97	216.28
OUTPATIENTS	581	2,146		44,535.55		20.75	.144	76.65	3.00
MEDICAL SUPPLIES	520	26,927		42,749.72		1.59	1.812	82.21	2.88
@DENTIST	852	2,298	\$	80,531.75	\$	35.04	.155	94.52	5.42
VISITS - DIAGNOSTIC	739	1,787		30,422.25		17.02	.120	41.17	2.05
ORAL SURGERY	41	127		4,891.00		38.51	.009	119.29	.33
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	4	4		400.00		100.00	.000	100.00	.03
PERIODONTICS	72	72		2,481.00		34.46	.005	34.46	.17
ENDODONTICS	1	2		520.00		260.00	.000	520.00	.03
RESTORATIVE DENTISTRY	12	33		1,445.00		43.79	.002	120.42	.10
PROSTHETICS	2	2		60.00		30.00	.000	30.00	.00
DENTURES, STAYPLATES	148	262		40,312.50		153.86	.018	272.38	2.71
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	4	9		.00		.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,054
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

14,858 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	222	642	\$ 11,055.54	\$ 17.22	.043	\$ 49.80	\$.74
DIAGNOSTIC AND ANC. PROCED	5	5	237.25	47.45	.000	47.45	.02
EYE APPLIANCES	201	597	10,220.00	17.12	.040	50.85	.69
OTHER OPTOMETRIC SERVICES	21	40	598.29	14.96	.003	28.49	.04
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2,069	2,871	\$ 10,949.59	\$ 3.81	.193	\$ 5.29	\$.74
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2,069	2,871	10,949.59	3.81	.193	5.29	.74
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	2	2	34.60	17.30	.000	17.30	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	427	2,943	\$ 305,147.71	\$ 103.69	.198	\$ 714.63	\$ 20.54
HOSP INPATIENT TOTAL	179	1,316	277,179.25	210.62	.089	1548.49	18.66
HSC HOSPITALS	7	47	44,366.23	943.96	.003	6338.03	2.99
NON-HSC HOSPITAL TOTAL	5	147	47,671.86	324.30	.010	9534.37	3.21
ACCOMMODATIONS	5	147	26,538.09	180.53	.010	5307.62	1.79
ADMINISTRATIVE DAYS	4	145	26,075.49	179.83	.010	6518.87	1.75
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	462.60	231.30	.000	462.60	.03
ANCILLARIES	4	0	21,133.77	.00	.000	5283.44	1.42
INPATIENT CROSSOVERS	168	1,122	185,141.16	165.01	.076	1102.03	12.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	264	1,627	27,968.46	17.19	.110	105.94	1.88
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	2	2	82.04	41.02	.000	41.02	.01
PATHOLOGY	16	53	579.13	10.93	.004	36.20	.04
RADIOLOGY	2	3	192.18	64.06	.000	96.09	.01
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	246	1,569	27,115.11	17.28	.106	110.22	1.82
@COUNTY HOSPITAL TOTAL	15	104	\$ 48,417.05	\$ 465.55	.007	\$ 3227.80	\$ 3.26

CO HOSPITAL INPATIENT TOTAL	11	96	48,404.98	504.22	.006	4400.45	3.26
HSC HOSPITALS	4	39	37,280.99	955.92	.003	9320.25	2.51
NON-HSC HOSPITALS TOTAL	2	17	6,923.99	407.29	.001	3462.00	.47
ACCOMMODATIONS	2	17	3,932.10	231.30	.001	1966.05	.26
ADMINISTRATIVE DAYS	2	17	3,932.10	231.30	.001	1966.05	.26
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	2	0	2,991.89	.00	.000	1495.95	.20
INPATIENT CROSSOVERS	5	40	4,200.00	105.00	.003	840.00	.28
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	8	12.07	1.51	.001	3.02	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

14,858 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	413	2,839	\$ 256,730.66	\$ 90.43	.191	\$ 621.62	\$ 17.28
COMM HOSP INPATIENT TOTAL	169	1,220	228,774.27	187.52	.082	1353.69	15.40
HSC HOSPITALS	3	8	7,085.24	885.66	.001	2361.75	.48
NON-HSC HOSPITALS TOTAL	4	130	40,747.87	313.45	.009	10186.97	2.74
ACCOMMODATIONS	4	130	22,605.99	173.89	.009	5651.50	1.52
ADMINISTRATIVE DAYS	3	128	22,143.39	173.00	.009	7381.13	1.49
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	462.60	231.30	.000	462.60	.03
ANCILLARIES	3	0	18,141.88	.00	.000	6047.29	1.22
INPATIENT CROSSOVERS	163	1,082	180,941.16	167.23	.073	1110.07	12.18
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	260	1,619	27,956.39	17.27	.109	107.52	1.88
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	2	2	82.04	41.02	.000	41.02	.01
PATHOLOGY	16	53	579.13	10.93	.004	36.20	.04
RADIOLOGY	2	3	192.18	64.06	.000	96.09	.01
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	242	1,561	27,103.04	17.36	.105	112.00	1.82
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	12,993	399,271	\$ 43,350,276.71	\$ 108.57	26.872	\$ 3336.43	\$ 2917.64
LEV A-INTERMEDIATE	3	157	6,551.38	41.73	.011	2183.79	.44
LEV B-REHAB MD	26	824	83,989.44	101.93	.055	3230.36	5.65
LEV B-SUBACUTE FREESTANDING	14	397	150,637.60	379.44	.027	10759.83	10.14
LEV B-SUBACUTE HSPTL BASED	18	918	388,772.85	423.50	.062	21598.49	26.17
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	12,945	396,975	42,720,325.44	107.61	26.718	3300.14	2875.24
@INTERMEDIATE CARE FACIL.-DD	3	44	\$ 6,031.38	\$ 137.08	.003	\$ 2010.46	\$.41
ICF DDH	3	44	6,031.38	137.08	.003	2010.46	.41
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	79	102	\$ 44,472.13	\$ 436.00	.007	\$ 562.94	\$ 2.99
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	79	102	44,472.13	436.00	.007	562.94	2.99
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	12	28	\$ 155.16	\$ 5.54	.002	\$ 12.93	\$.01
PATHOLOGY	2	11	81.61	7.42	.001	40.81	.01
XO AND OTHERS	10	17	73.55	4.33	.001	7.36	.00
@ORGANIZED OUTPATIENT CLINIC	136	189	\$ 24,079.40	\$ 127.40	.013	\$ 177.05	\$ 1.62
CLINIC	33	33	681.17	20.64	.002	20.64	.05
SURGICENTER	3	5	696.76	139.35	.000	232.25	.05
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	101	151	22,701.47	150.34	.010	224.77	1.53

14,858 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,400	207,790	\$ 1,093,943.36	\$ 5.26	13.985	\$ 455.81	\$ 73.63

DURABLE MED. EQUIP.	434	3,061	263,960.50	86.23	.206	608.20	17.77
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	22	27	2,314.47	85.72	.002	105.20	.16
MEDICAL TRANSPORTATION	782	21,606	104,123.08	4.82	1.454	133.15	7.01
AMBULANCES/AIR TRANS	66	377	7,895.84	20.94	.025	119.63	.53
OTHER TRANS	678	20,918	93,221.81	4.46	1.408	137.50	6.27
OTHER SERVICES	73	311	3,005.43	9.66	.021	41.17	.20
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	40.60	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	237	503	6,574.11	13.07	.034	27.74	.44
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	172	294	753.33	2.56	.020	4.38	.05
PROSTHETIST/ORTHOTISTS	4	17	256.13	15.07	.001	64.03	.02
PROSTHETICS	3	16	220.37	13.77	.001	73.46	.01
ORTHOTICS	1	1	35.76	35.76	.000	35.76	.00
PSYCHOLOGIST	13	13	316.92	24.38	.001	24.38	.02
SPEECH AND AUDIOLOGY	114	242	30,010.99	124.01	.016	263.25	2.02
HOSPICE SERVICES	205	5,519	617,320.81	111.85	.371	3011.32	41.55
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	640	176,508	68,272.42	.39	11.880	106.68	4.59
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	4,627	146,723	\$ 944,712.27	\$ 6.44	9.875	\$ 204.17	\$ 63.58

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,057
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND	AID CODE 23

20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	22	799	\$ 80,415.92	\$ 100.65	39.950	\$ 3655.27	\$ 4020.80
@PHYSICIANS SERVICES	8	8	\$ 240.23	\$ 30.03	.400	\$ 30.03	\$ 12.01
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8	8		240.23		30.03	.400	30.03	12.01
@PHARMACY	15	163	\$	10,583.26	\$	64.93	8.150	705.55	529.16
PRESCRIPTION DRUGS	15	163		10,583.26		64.93	8.150	705.55	529.16
SNF/ICF	15	163		10,583.26		64.93	8.150	705.55	529.16
OUTPATIENTS	0	0		.00		.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	2	3	\$	80.00	\$	26.67	.150	40.00	4.00
VISITS - DIAGNOSTIC	2	3		80.00		26.67	.150	40.00	4.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND

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20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	10	\$ 201.57	\$ 20.16	.500	\$ 201.57	\$ 10.08
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	10	201.57	20.16	.500	201.57	10.08
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	10	201.57	20.16	.500	201.57	10.08
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	10	\$ 201.57	\$ 20.16	.500	\$ 201.57	\$ 10.08
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	10	201.57	20.16	.500	201.57	10.08
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	10	201.57	20.16	.500	201.57	10.08
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	9	242	\$ 14,954.93	\$ 61.80	12.100	\$ 1661.66	\$ 747.75
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	9	242		14,954.93		61.80	12.100	1661.66	747.75
@INTERMEDIATE CARE FACIL.-DD	12	365	\$	53,353.85	\$	146.17	18.250	\$ 4446.15	\$ 2667.69
ICF DDH	12	365		53,353.85		146.17	18.250	4446.15	2667.69
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	144.10	\$	144.10	.050	\$ 144.10	\$ 7.21
CLINIC	0	0		.00		.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	144.10	144.10	.050	144.10	7.21

#CALIF DEPT OF HEALTH SERV MOP024
CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

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20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	7	\$ 857.98	\$ 122.57	.350	\$ 171.60	\$ 42.90
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	725.00	362.50	.100	725.00	36.25
MEDICAL TRANSPORTATION	1	2	18.95	9.48	.100	18.95	.95
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	2	18.95	9.48	.100	18.95	.95
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	3	114.03	38.01	.150	38.01	5.70
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	8	18	\$ 520.72	\$ 28.93	.900	\$ 65.09	\$ 26.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63	PAGE 2,061 01/29/04
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2,911 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,963	409,017	\$ 12,734,332.75	\$ 31.13	140.507	\$ 4297.78	\$ 4374.56
@PHYSICIANS SERVICES	506	2,483	\$ 72,944.90	\$ 29.38	.853	\$ 144.16	\$ 25.06
OUTPATIENT VISITS	39	47	2,515.11	53.51	.016	64.49	.86
OFFICE VISITS	9	11	567.80	51.62	.004	63.09	.20
HOME VISITS	5	5	240.70	48.14	.002	48.14	.08
EMERGENCY ROOM	21	24	1,530.99	63.79	.008	72.90	.53
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	7	7	175.62	25.09	.002	25.09	.06
INPATIENT VISITS	169	1,096	42,596.77	38.87	.377	252.05	14.63
HOSPITAL VISITS	62	858	31,473.08	36.68	.295	507.63	10.81
CRITICAL CARE	9	42	4,862.10	115.76	.014	540.23	1.67

SNF/ICF/TRANS IP CARE	116	196		6,261.59		31.95	.067	53.98	2.15
OPHTHALMOLOGICAL SERVICES	4	4		148.74		37.19	.001	37.19	.05
EXAMINATIONS	4	4		148.74		37.19	.001	37.19	.05
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	24	75		6,184.90		82.47	.026	257.70	2.12
PRINCIPAL SURGEON	18	37		5,221.84		141.13	.013	290.10	1.79
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	7	38		963.06		25.34	.013	137.58	.33
OUTPATIENT SURGERY	9	42		1,488.24		35.43	.014	165.36	.51
PRINCIPAL SURGEON	5	5		578.69		115.74	.002	115.74	.20
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	5	37		909.55		24.58	.013	181.91	.31
DIALYSIS	11	58		3,888.13		67.04	.020	353.47	1.34
PATHOLOGY	17	206		637.85		3.10	.071	37.52	.22
RADIOLOGY	45	199		6,270.26		31.51	.068	139.34	2.15
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		13.76		13.76	.000	13.76	.00
OTHER SERVICES/ALL X-OVERS	327	755		9,201.14		12.19	.259	28.14	3.16
@PHARMACY	2,532	34,283	\$	1,293,304.92	\$	37.72	11.777	\$ 510.78	\$ 444.28
PRESCRIPTION DRUGS	2,519	17,218		1,274,639.92		74.03	5.915	506.01	437.87
SNF/ICF	2,227	15,759		1,148,868.48		72.90	5.414	515.88	394.66
OUTPATIENTS	402	1,459		125,771.44		86.20	.501	312.86	43.21
MEDICAL SUPPLIES	190	17,065		18,665.00		1.09	5.862	98.24	6.41
@DENTIST	187	619	\$	24,928.18	\$	40.27	.213	\$ 133.31	\$ 8.56
VISITS - DIAGNOSTIC	148	397		6,285.00		15.83	.136	42.47	2.16
ORAL SURGERY	24	99		3,042.18		30.73	.034	126.76	1.05
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	4	4		300.00		75.00	.001	75.00	.10
PERIODONTICS	16	19		2,228.00		117.26	.007	139.25	.77
ENDODONTICS	3	11		3,075.00		279.55	.004	1025.00	1.06
RESTORATIVE DENTISTRY	20	49		3,503.00		71.49	.017	175.15	1.20
PROSTHETICS	1	1		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	15	38		6,495.00		170.92	.013	433.00	2.23
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
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2,911 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	64	155	\$	2,975.72	\$ 19.20	.053	\$ 46.50	\$ 1.02
DIAGNOSTIC AND ANC. PROCED	17	17		703.09	41.36	.006	41.36	.24
EYE APPLIANCES	46	133		2,204.25	16.57	.046	47.92	.76
OTHER OPTOMETRIC SERVICES	3	5		68.38	13.68	.002	22.79	.02
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	310	416	\$	2,067.19	\$ 4.97	.143	\$ 6.67	\$.71
MEDICINE/INJECTIONS	3	3		94.65	31.55	.001	31.55	.03
SURGERY/ANES.	8	9		106.50	11.83	.003	13.31	.04
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	300	404		1,866.04	4.62	.139	6.22	.64
@HOME HEALTH AGENCY	6	27	\$	1,975.11	\$ 73.15	.009	\$ 329.19	\$.68
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	244	1,945	\$	1,051,169.21	\$	540.45	.668	\$	4308.07	\$	361.10	
HOSP INPATIENT TOTAL	60	884		1,028,054.23		1162.96	.304		17134.24		353.16	
HSC HOSPITALS	18	242		290,817.01		1201.72	.083		16156.50		99.90	
NON-HSC HOSPITAL TOTAL	15	374		645,182.16		1725.09	.128		43012.14		221.64	
ACCOMMODATIONS	15	374		174,351.29		466.18	.128		11623.42		59.89	
ADMINISTRATIVE DAYS	7	169		33,406.25		197.67	.058		4772.32		11.48	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	8	205		140,945.04		687.54	.070		17618.13		48.42	
ANCILLARIES	15	0		470,830.87		.00	.000		31388.72		161.74	
INPATIENT CROSSOVERS	28	268		92,055.06		343.49	.092		3287.68		31.62	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
HOSP OUTPATIENT TOTAL	193	1,061		23,114.98		21.79	.364		119.77		7.94	
MEDICAL	6	7		170.18		24.31	.002		28.36		.06	
SURGERY	3	3		187.11		62.37	.001		62.37		.06	
PATHOLOGY	71	417		3,592.85		8.62	.143		50.60		1.23	
RADIOLOGY	15	24		5,024.14		209.34	.008		334.94		1.73	
ROOM USE	19	25		945.66		37.83	.009		49.77		.32	
CROSSOVERS/ALL OTH OUTPTNT	113	585		13,195.04		22.56	.201		116.77		4.53	
@COUNTY HOSPITAL TOTAL	27	171	\$	177,465.66	\$	1037.81	.059	\$	6572.80	\$	60.96	
CO HOSPITAL INPATIENT TOTAL	15	146		177,226.73		1213.88	.050		11815.12		60.88	
HSC HOSPITALS	11	101		116,960.00		1158.02	.035		10632.73		40.18	
NON-HSC HOSPITALS TOTAL	1	45		27,056.52		601.26	.015		27056.52		9.29	
ACCOMMODATIONS	1	45		10,408.50		231.30	.015		10408.50		3.58	
ADMINISTRATIVE DAYS	1	45		10,408.50		231.30	.015		10408.50		3.58	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00	
ANCILLARIES	1	0		16,648.02		.00	.000		16648.02		5.72	
INPATIENT CROSSOVERS	3	0		33,210.21		.00	.000		11070.07		11.41	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
CO HOSP OUTPATIENT TOTAL	12	25		238.93		9.56	.009		19.91		.08	
MEDICAL	1	1		28.06		28.06	.000		28.06		.01	
SURGERY	0	0		.00		.00	.000		.00		.00	
PATHOLOGY	1	6		97.02		16.17	.002		97.02		.03	
RADIOLOGY	0	0		.00		.00	.000		.00		.00	
ROOM USE	1	1		34.74		34.74	.000		34.74		.01	
CROSSOVERS/ALL OTH OUTPTNT	11	17		79.11		4.65	.006		7.19		.03	
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2,911 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	221	1,774	\$ 873,703.55	\$ 492.50	.609	\$ 3953.41	\$ 300.14	
COMM HOSP INPATIENT TOTAL	45	738	850,827.50	1152.88	.254	18907.28	292.28	
HSC HOSPITALS	7	141	173,857.01	1233.03	.048	24836.72	59.72	
NON-HSC HOSPITALS TOTAL	14	329	618,125.64	1878.80	.113	44151.83	212.34	
ACCOMMODATIONS	14	329	163,942.79	498.31	.113	11710.20	56.32	
ADMINISTRATIVE DAYS	6	124	22,997.75	185.47	.043	3832.96	7.90	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	8	205	140,945.04	687.54	.070	17618.13	48.42	
ANCILLARIES	14	0	454,182.85	.00	.000	32441.63	156.02	
INPATIENT CROSSOVERS	25	268	58,844.85	219.57	.092	2353.79	20.21	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	182	1,036	22,876.05	22.08	.356	125.69	7.86	
MEDICAL	5	6	142.12	23.69	.002	28.42	.05	
SURGERY	3	3	187.11	62.37	.001	62.37	.06	
PATHOLOGY	70	411	3,495.83	8.51	.141	49.94	1.20	
RADIOLOGY	15	24	5,024.14	209.34	.008	334.94	1.73	
ROOM USE	18	24	910.92	37.96	.008	50.61	.31	

CROSSOVERS/ALL OTH OUTPTNT	102	568		13,115.93		23.09	.195	128.59	4.51
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	2,022	61,369	\$	7,748,683.95	\$	126.26	21.082	\$ 3832.19	\$ 2661.86
LEV A-INTERMEDIATE	12	365		23,966.84		65.66	.125	1997.24	8.23
LEV B-REHAB MD	180	5,527		626,798.27		113.41	1.899	3482.21	215.32
LEV B-SUBACUTE FREESTANDING	1	81		32,031.38		395.45	.028	32031.38	11.00
LEV B-SUBACUTE HSPTL BASED	69	2,262		979,054.89		432.83	.777	14189.20	336.33
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	1,763	53,134		6,086,832.57		114.56	18.253	3452.54	2090.98
@INTERMEDIATE CARE FACIL.-DD	506	15,497	\$	2,183,977.79	\$	140.93	5.324	\$ 4316.16	\$ 750.25
ICF DDH	418	12,943		1,741,401.13		134.54	4.446	4166.03	598.21
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	88	2,554		442,576.66		173.29	.877	5029.28	152.04
@HEMODIALYSIS TOTAL	32	174	\$	23,559.69	\$	135.40	.060	\$ 736.24	\$ 8.09
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	32	174		23,559.69		135.40	.060	736.24	8.09
@REHABILITATION FACILITY	3	15	\$	198.74	\$	13.25	.005	\$ 66.25	\$.07
HOSPITAL BASED	1	6		76.91		12.82	.002	76.91	.03
INDEPENDENT FACILITY	2	9		121.83		13.54	.003	60.92	.04
@LABORATORY FACILITY	21	153	\$	1,843.11	\$	12.05	.053	\$ 87.77	\$.63
PATHOLOGY	21	153		1,843.11		12.05	.053	87.77	.63
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	173	247	\$	47,525.08	\$	192.41	.085	\$ 274.71	\$ 16.33
CLINIC	2	2		135.89		67.95	.001	67.95	.05
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	171	245		47,389.19		193.43	.084	277.13	16.28
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,064
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63								

		----- MONTHLY AVERAGE -----						
2,911 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	767	291,634	\$ 279,179.16	\$.96	100.183	\$ 363.99	\$ 95.90	
DURABLE MED. EQUIP.	125	1,271	127,962.66	100.68	.437	1023.70	43.96	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	5	5	800.00	160.00	.002	160.00	.27	
MEDICAL TRANSPORTATION	242	8,983	49,469.96	5.51	3.086	204.42	16.99	
AMBULANCES/AIR TRANS	64	588	9,394.64	15.98	.202	146.79	3.23	
OTHER TRANS	175	8,316	39,583.46	4.76	2.857	226.19	13.60	
OTHER SERVICES	18	79	491.86	6.23	.027	27.33	.17	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	54	126	1,450.13	11.51	.043	26.85	.50	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	34	68	622.77	9.16	.023	18.32	.21	
PROSTHETIST/ORTHOTISTS	2	7	866.91	123.84	.002	433.46	.30	
PROSTHETICS	2	7	866.91	123.84	.002	433.46	.30	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	40	116	1,685.32	14.53	.040	42.13	.58	
SPEECH AND AUDIOLOGY	71	170	9,854.78	57.97	.058	138.80	3.39	
HOSPICE SERVICES	8	315	35,500.68	112.70	.108	4437.59	12.20	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	27	1,904	11,572.29	6.08	.654	428.60	3.98	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	287	278,669	39,393.66	.14	95.730	137.26	13.53
@CALIF. CHILDREN SERVICES*	6	25	\$ 2,923.03	\$ 116.92	.009	\$ 487.17	\$ 1.00
@XOVER EXCLUDING STATE HOSP**	855	17,067	\$ 251,791.41	\$ 14.75	5.863	\$ 294.49	\$ 86.50

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,065
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR	MN - LONG TERM CARE - FAMILIES	DISCONTINUED

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED						
----- MONTHLY AVERAGE -----							
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00		.00	.000	.00		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,067
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

					----- MONTHLY AVERAGE -----				
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00		
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
CONTRA COSTA COUNT								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

PAGE 2,068
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,069
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL	

17,789 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	17,553	1,122,962	\$ 61,075,151.92	\$ 54.39	63.127	\$ 3479.47	\$ 3433.31
@PHYSICIANS SERVICES	1,780	5,003	\$ 106,147.64	\$ 21.22	.281	\$ 59.63	\$ 5.97
OUTPATIENT VISITS	45	53	2,863.39	54.03	.003	63.63	.16
OFFICE VISITS	11	13	674.20	51.86	.001	61.29	.04
HOME VISITS	5	5	240.70	48.14	.000	48.14	.01
EMERGENCY ROOM	25	28	1,772.87	63.32	.002	70.91	.10
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	7	7	175.62	25.09	.000	25.09	.01
INPATIENT VISITS	216	1,238	47,775.78	38.59	.070	221.18	2.69
HOSPITAL VISITS	68	928	34,430.93	37.10	.052	506.34	1.94
CRITICAL CARE	10	43	4,983.70	115.90	.002	498.37	.28
SNF/ICF/TRANS IP CARE	159	267	8,361.15	31.32	.015	52.59	.47
OPHTHALMOLOGICAL SERVICES	12	16	560.96	35.06	.001	46.75	.03
EXAMINATIONS	12	16	560.96	35.06	.001	46.75	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	24	75	6,184.90	82.47	.004	257.70	.35
PRINCIPAL SURGEON	18	37	5,221.84	141.13	.002	290.10	.29
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	38	963.06	25.34	.002	137.58	.05
OUTPATIENT SURGERY	12	46	1,696.65	36.88	.003	141.39	.10
PRINCIPAL SURGEON	8	9	787.10	87.46	.001	98.39	.04
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	37	909.55	24.58	.002	181.91	.05
DIALYSIS	11	58	3,888.13	67.04	.003	353.47	.22
PATHOLOGY	17	206	637.85	3.10	.012	37.52	.04
RADIOLOGY	52	211	6,547.93	31.03	.012	125.92	.37
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	13.76	13.76	.000	13.76	.00
OTHER SERVICES/ALL X-OVERS	1,546	3,099	35,978.29	11.61	.174	23.27	2.02
@PHARMACY	14,059	128,900	\$ 4,604,651.59	\$ 35.72	7.246	\$ 327.52	\$ 258.85
PRESCRIPTION DRUGS	14,007	84,908	4,543,236.87	53.51	4.773	324.35	255.40
SNF/ICF	13,324	81,303	4,372,929.88	53.79	4.570	328.20	245.82
OUTPATIENTS	983	3,605	170,306.99	47.24	.203	173.25	9.57
MEDICAL SUPPLIES	710	43,992	61,414.72	1.40	2.473	86.50	3.45
@DENTIST	1,041	2,920	\$ 105,539.93	\$ 36.14	.164	\$ 101.38	\$ 5.93

VISITS - DIAGNOSTIC	889	2,187	36,787.25	16.82	.123	41.38	2.07
ORAL SURGERY	65	226	7,933.18	35.10	.013	122.05	.45
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	8	8	700.00	87.50	.000	87.50	.04
PERIODONTICS	88	91	4,709.00	51.75	.005	53.51	.26
ENDODONTICS	4	13	3,595.00	276.54	.001	898.75	.20
RESTORATIVE DENTISTRY	32	82	4,948.00	60.34	.005	154.63	.28
PROSTHETICS	3	3	60.00	20.00	.000	20.00	.00
DENTURES, STAYPLATES	163	300	46,807.50	156.03	.017	287.16	2.63
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	10	.00	.00	.001	.00	.00

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

17,789 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	286	797	\$ 14,031.26	\$ 17.61	.045	\$ 49.06	\$.79
DIAGNOSTIC AND ANC. PROCED	22	22	940.34	42.74	.001	42.74	.05
EYE APPLIANCES	247	730	12,424.25	17.02	.041	50.30	.70
OTHER OPTOMETRIC SERVICES	24	45	666.67	14.81	.003	27.78	.04
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2,379	3,287	\$ 13,016.78	\$ 3.96	.185	\$ 5.47	\$.73
MEDICINE/INJECTIONS	3	3	94.65	31.55	.000	31.55	.01
SURGERY/ANES.	8	9	106.50	11.83	.001	13.31	.01
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2,369	3,275	12,815.63	3.91	.184	5.41	.72
@HOME HEALTH AGENCY	6	27	\$ 1,975.11	\$ 73.15	.002	\$ 329.19	\$.11
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	2	2	\$ 34.60	\$ 17.30	.000	\$ 17.30	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	672	4,898	\$ 1,356,518.49	\$ 276.95	.275	\$ 2018.63	\$ 76.26
HOSP INPATIENT TOTAL	239	2,200	1,305,233.48	593.29	.124	5461.23	73.37
HSC HOSPITALS	25	289	335,183.24	1159.80	.016	13407.33	18.84
NON-HSC HOSPITAL TOTAL	20	521	692,854.02	1329.85	.029	34642.70	38.95
ACCOMMODATIONS	20	521	200,889.38	385.58	.029	10044.47	11.29
ADMINISTRATIVE DAYS	11	314	59,481.74	189.43	.018	5407.43	3.34
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	207	141,407.64	683.13	.012	15711.96	7.95
ANCILLARIES	19	0	491,964.64	.00	.000	25892.88	27.66
INPATIENT CROSSOVERS	196	1,390	277,196.22	199.42	.078	1414.27	15.58
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	458	2,698	51,285.01	19.01	.152	111.98	2.88
MEDICAL	6	7	170.18	24.31	.000	28.36	.01
SURGERY	5	5	269.15	53.83	.000	53.83	.02
PATHOLOGY	87	470	4,171.98	8.88	.026	47.95	.23
RADIOLOGY	17	27	5,216.32	193.20	.002	306.84	.29
ROOM USE	19	25	945.66	37.83	.001	49.77	.05
CROSSOVERS/ALL OTH OUTPTNT	360	2,164	40,511.72	18.72	.122	112.53	2.28
@COUNTY HOSPITAL TOTAL	42	275	\$ 225,882.71	\$ 821.39	.015	\$ 5378.16	\$ 12.70
CO HOSPITAL INPATIENT TOTAL	26	242	225,631.71	932.36	.014	8678.14	12.68
HSC HOSPITALS	15	140	154,240.99	1101.72	.008	10282.73	8.67
NON-HSC HOSPITALS TOTAL	3	62	33,980.51	548.07	.003	11326.84	1.91
ACCOMMODATIONS	3	62	14,340.60	231.30	.003	4780.20	.81
ADMINISTRATIVE DAYS	3	62	14,340.60	231.30	.003	4780.20	.81
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	3	0	19,639.91	.00	.000	6546.64	1.10
INPATIENT CROSSOVERS	8	40	37,410.21	935.26	.002	4676.28	2.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	16	33	251.00	7.61	.002	15.69	.01
MEDICAL	1	1	28.06	28.06	.000	28.06	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	6	97.02	16.17	.000	97.02	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.74	34.74	.000	34.74	.00
CROSSOVERS/ALL OTH OUTPTNT	15	25	91.18	3.65	.001	6.08	.01

17,789 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	635	4,623	\$ 1,130,635.78	\$ 244.57	.260	\$ 1780.53	\$ 63.56
COMM HOSP INPATIENT TOTAL	214	1,958	1,079,601.77	551.38	.110	5044.87	60.69
HSC HOSPITALS	10	149	180,942.25	1214.38	.008	18094.23	10.17
NON-HSC HOSPITALS TOTAL	18	459	658,873.51	1435.45	.026	36604.08	37.04
ACCOMMODATIONS	18	459	186,548.78	406.42	.026	10363.82	10.49
ADMINISTRATIVE DAYS	9	252	45,141.14	179.13	.014	5015.68	2.54
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	207	141,407.64	683.13	.012	15711.96	7.95
ANCILLARIES	17	0	472,324.73	.00	.000	27783.81	26.55
INPATIENT CROSSOVERS	188	1,350	239,786.01	177.62	.076	1275.46	13.48
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	443	2,665	51,034.01	19.15	.150	115.20	2.87
MEDICAL	5	6	142.12	23.69	.000	28.42	.01
SURGERY	5	5	269.15	53.83	.000	53.83	.02
PATHOLOGY	86	464	4,074.96	8.78	.026	47.38	.23
RADIOLOGY	17	27	5,216.32	193.20	.002	306.84	.29
ROOM USE	18	24	910.92	37.96	.001	50.61	.05
CROSSOVERS/ALL OTH OUTPTNT	345	2,139	40,420.54	18.90	.120	117.16	2.27
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	15,024	460,882	\$ 51,113,915.59	\$ 110.90	25.908	\$ 3402.15	\$ 2873.34
LEV A-INTERMEDIATE	15	522	30,518.22	58.46	.029	2034.55	1.72
LEV B-REHAB MD	206	6,351	710,787.71	111.92	.357	3450.43	39.96
LEV B-SUBACUTE FREESTANDING	15	478	182,668.98	382.15	.027	12177.93	10.27
LEV B-SUBACUTE HSPTL BASED	87	3,180	1,367,827.74	430.13	.179	15722.16	76.89
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	14,717	450,351	48,822,112.94	108.41	25.316	3317.40	2744.51
@INTERMEDIATE CARE FACIL.-DD	521	15,906	\$ 2,243,363.02	\$ 141.04	.894	\$ 4305.88	\$ 126.11
ICF DDH	433	13,352	1,800,786.36	134.87	.751	4158.86	101.23
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	88	2,554	442,576.66	173.29	.144	5029.28	24.88
@HEMODIALYSIS TOTAL	111	276	\$ 68,031.82	\$ 246.49	.016	\$ 612.90	\$ 3.82
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	111	276	68,031.82	246.49	.016	612.90	3.82
@REHABILITATION FACILITY	3	15	\$ 198.74	\$ 13.25	.001	\$ 66.25	\$.01
HOSPITAL BASED	1	6	76.91	12.82	.000	76.91	.00
INDEPENDENT FACILITY	2	9	121.83	13.54	.001	60.92	.01
@LABORATORY FACILITY	33	181	\$ 1,998.27	\$ 11.04	.010	\$ 60.55	\$.11
PATHOLOGY	23	164	1,924.72	11.74	.009	83.68	.11
XO AND OTHERS	10	17	73.55	4.33	.001	7.36	.00
@ORGANIZED OUTPATIENT CLINIC	310	437	\$ 71,748.58	\$ 164.18	.025	\$ 231.45	\$ 4.03
CLINIC	35	35	817.06	23.34	.002	23.34	.05
SURGICENTER	3	5	696.76	139.35	.000	232.25	.04
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	273	397	70,234.76	176.91	.022	257.27	3.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,072
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL						

17,789 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,172	499,431	\$ 1,373,980.50	\$ 2.75	28.075	\$ 433.16	\$ 77.24
DURABLE MED. EQUIP.	559	4,332	391,923.16	90.47	.244	701.11	22.03
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	28	34	3,839.47	112.93	.002	137.12	.22
MEDICAL TRANSPORTATION	1,025	30,591	153,611.99	5.02	1.720	149.87	8.64

AMBULANCES/AIR TRANS	130	965	17,290.48	17.92	.054	133.00	.97
OTHER TRANS	854	29,236	132,824.22	4.54	1.643	155.53	7.47
OTHER SERVICES	91	390	3,497.29	8.97	.022	38.43	.20
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	40.60	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	291	629	8,024.24	12.76	.035	27.57	.45
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	206	362	1,376.10	3.80	.020	6.68	.08
PROSTHETIST/ORTHOTISTS	6	24	1,123.04	46.79	.001	187.17	.06
PROSTHETICS	5	23	1,087.28	47.27	.001	217.46	.06
ORTHOTICS	1	1	35.76	35.76	.000	35.76	.00
PSYCHOLOGIST	56	132	2,116.27	16.03	.007	37.79	.12
SPEECH AND AUDIOLOGY	185	412	39,865.77	96.76	.023	215.49	2.24
HOSPICE SERVICES	213	5,834	652,821.49	111.90	.328	3064.89	36.70
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	27	1,904	11,572.29	6.08	.107	428.60	.65
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	927	455,177	107,666.08	.24	25.588	116.14	6.05
@CALIF. CHILDREN SERVICES*	6	25	\$ 2,923.03	\$ 116.92	.001	\$ 487.17	\$.16
@XOVER EXCLUDING STATE HOSP**	5,490	163,808	\$ 1,197,024.40	\$ 7.31	9.208	\$ 218.04	\$ 67.29

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	49,620 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	35,635	1,145,279	\$	59,888,919.03	\$ 52.29	23.081	\$ 1680.62	\$ 1206.95
@PHYSICIANS SERVICES	5,315	18,043	\$	515,215.68	\$ 28.55	.364	\$ 96.94	\$ 10.38
OUTPATIENT VISITS	1,697	2,296		90,307.92	39.33	.046	53.22	1.82
OFFICE VISITS	1,368	1,852		62,914.63	33.97	.037	45.99	1.27
HOME VISITS	4	5		258.00	51.60	.000	64.50	.01
EMERGENCY ROOM	328	377		25,710.53	68.20	.008	78.39	.52
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	51	62		1,424.76	22.98	.001	27.94	.03
INPATIENT VISITS	289	1,329		59,081.53	44.46	.027	204.43	1.19
HOSPITAL VISITS	221	1,187		51,572.72	43.45	.024	233.36	1.04
CRITICAL CARE	17	34		4,071.70	119.76	.001	239.51	.08
SNF/ICF/TRANS IP CARE	73	108		3,437.11	31.83	.002	47.08	.07
OPHTHALMOLOGICAL SERVICES	162	227		9,666.05	42.58	.005	59.67	.19
EXAMINATIONS	162	227		9,666.05	42.58	.005	59.67	.19
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	133	706		74,192.62	105.09	.014	557.84	1.50
PRINCIPAL SURGEON	84	118		52,651.78	446.20	.002	626.81	1.06
ASSISTANT SURGEON	28	31		8,373.67	270.12	.001	299.06	.17
ANESTHESIOLOGIST	48	557		13,167.17	23.64	.011	274.32	.27
OUTPATIENT SURGERY	206	496		59,254.09	119.46	.010	287.64	1.19
PRINCIPAL SURGEON	170	197		51,652.31	262.19	.004	303.84	1.04
ASSISTANT SURGEON	1	1		52.87	52.87	.000	52.87	.00
ANESTHESIOLOGIST	50	298		7,548.91	25.33	.006	150.98	.15
DIALYSIS	44	91		10,993.34	120.81	.002	249.85	.22
PATHOLOGY	362	1,765		10,024.15	5.68	.036	27.69	.20

RADIOLOGY	640	1,265		41,907.08		33.13	.025	65.48	.84
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	45	715		19,177.38		26.82	.014	426.16	.39
OTHER SERVICES/ALL X-OVERS	3,297	9,153		140,611.52		15.36	.184	42.65	2.83
@PHARMACY	26,997	197,680	\$	6,711,502.75	\$	33.95	3.984	248.60	135.26
PRESCRIPTION DRUGS	26,720	119,656		6,579,071.31		54.98	2.411	246.22	132.59
SNF/ICF	11,861	70,037		3,449,157.51		49.25	1.411	290.80	69.51
OUTPATIENTS	15,109	49,619		3,129,913.80		63.08	1.000	207.16	63.08
MEDICAL SUPPLIES	1,657	78,024		132,431.44		1.70	1.572	79.92	2.67
@DENTIST	2,188	8,831	\$	404,983.10	\$	45.86	.178	185.09	8.16
VISITS - DIAGNOSTIC	1,575	5,401		73,169.75		13.55	.109	46.46	1.47
ORAL SURGERY	257	871		39,369.25		45.20	.018	153.19	.79
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	7	7		700.00		100.00	.000	100.00	.01
PERIODONTICS	191	197		20,891.00		106.05	.004	109.38	.42
ENDODONTICS	63	89		19,985.00		224.55	.002	317.22	.40
RESTORATIVE DENTISTRY	341	1,076		86,991.00		80.85	.022	255.11	1.75
PROSTHETICS	8	8		220.00		27.50	.000	27.50	.00
DENTURES, STAYPLATES	475	1,100		163,657.10		148.78	.022	344.54	3.30
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	46	82		.00		.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,074
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED								

49,620 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	744	2,247	\$	44,943.81	\$ 20.00	.045	\$ 60.41	\$.91
DIAGNOSTIC AND ANC. PROCED	227	238		10,503.48	44.13	.005	46.27	.21
EYE APPLIANCES	593	1,872		31,059.51	16.59	.038	52.38	.63
OTHER OPTOMETRIC SERVICES	89	137		3,380.82	24.68	.003	37.99	.07
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	2,302	3,199	\$	15,350.40	\$ 4.80	.064	\$ 6.67	\$.31
MEDICINE/INJECTIONS	30	35		1,174.00	33.54	.001	39.13	.02
SURGERY/ANES.	1	1		17.00	17.00	.000	17.00	.00
RADIO./PATHOLOGY	3	6		114.16	19.03	.000	38.05	.00
OTHER	2,274	3,157		14,045.24	4.45	.064	6.18	.28
@HOME HEALTH AGENCY	24	158	\$	10,322.11	\$ 65.33	.003	\$ 430.09	\$.21
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	2	2	\$	34.60	\$ 17.30	.000	\$ 17.30	\$.00
FAMILY NURSE PRACTITIONER	3	10	\$	69.69	\$ 6.97	.000	\$ 23.23	\$.00
@TOTAL HOSPITAL	2,292	13,095	\$	2,211,952.07	\$ 168.92	.264	\$ 965.08	\$ 44.58
HOSP INPATIENT TOTAL	537	3,289		1,978,480.30	601.54	.066	3684.32	39.87
HSC HOSPITALS	164	861		944,564.87	1097.06	.017	5759.54	19.04
NON-HSC HOSPITAL TOTAL	78	559		726,158.40	1299.03	.011	9309.72	14.63
ACCOMMODATIONS	78	559		222,735.54	398.45	.011	2855.58	4.49
ADMINISTRATIVE DAYS	16	272		55,293.70	203.29	.005	3455.86	1.11
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	64	287		167,441.84	583.42	.006	2616.28	3.37
ANCILLARIES	76	0		503,422.86	.00	.000	6623.99	10.15
INPATIENT CROSSOVERS	304	1,869		307,757.03	164.66	.038	1012.36	6.20
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,831	9,806		233,471.77	23.81	.198	127.51	4.71
MEDICAL	266	413		16,291.38	39.45	.008	61.25	.33

SURGERY	86	102		6,484.24	63.57	.002	75.40	.13
PATHOLOGY	466	2,585		25,788.63	9.98	.052	55.34	.52
RADIOLOGY	395	707		53,856.08	76.18	.014	136.34	1.09
ROOM USE	405	536		20,964.00	39.11	.011	51.76	.42
CROSSOVERS/ALL OTH OUTPTNT	1,196	5,463		110,087.44	20.15	.110	92.05	2.22
@COUNTY HOSPITAL TOTAL	186	1,035	\$	588,007.94	\$ 568.12	.021	\$ 3161.33	\$ 11.85
CO HOSPITAL INPATIENT TOTAL	109	690		574,387.01	832.44	.014	5269.61	11.58
HSC HOSPITALS	89	480		524,944.66	1093.63	.010	5898.25	10.58
NON-HSC HOSPITALS TOTAL	4	46		30,591.56	665.03	.001	7647.89	.62
ACCOMMODATIONS	4	46		10,482.91	227.89	.001	2620.73	.21
ADMINISTRATIVE DAYS	4	46		10,482.91	227.89	.001	2620.73	.21
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	4	0		20,108.65	.00	.000	5027.16	.41
INPATIENT CROSSOVERS	17	164		18,850.79	114.94	.003	1108.87	.38
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	80	345	13,620.93	39.48	.007	170.26	.27
MEDICAL	25	33	1,470.91	44.57	.001	58.84	.03
SURGERY	12	19	1,158.90	60.99	.000	96.58	.02
PATHOLOGY	29	147	2,601.26	17.70	.003	89.70	.05
RADIOLOGY	17	27	4,259.58	157.76	.001	250.56	.09
ROOM USE	44	58	2,519.77	43.44	.001	57.27	.05
CROSSOVERS/ALL OTH OUTPTNT	30	61	1,610.51	26.40	.001	53.68	.03
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MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED						

					----- MONTHLY AVERAGE -----			
49,620 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	2,125	12,060	\$ 1,623,944.13	\$ 134.66	.243	\$ 764.21	\$ 32.73	
COMM HOSP INPATIENT TOTAL	434	2,599	1,404,093.29	540.24	.052	3235.24	28.30	
HSC HOSPITALS	77	381	419,620.21	1101.37	.008	5449.61	8.46	
NON-HSC HOSPITALS TOTAL	75	513	695,566.84	1355.88	.010	9274.22	14.02	
ACCOMMODATIONS	75	513	212,252.63	413.75	.010	2830.04	4.28	
ADMINISTRATIVE DAYS	13	226	44,810.79	198.28	.005	3446.98	.90	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	64	287	167,441.84	583.42	.006	2616.28	3.37	
ANCILLARIES	73	0	483,314.21	.00	.000	6620.74	9.74	
INPATIENT CROSSOVERS	288	1,705	288,906.24	169.45	.034	1003.15	5.82	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	1,758	9,461	219,850.84	23.24	.191	125.06	4.43	
MEDICAL	241	380	14,820.47	39.00	.008	61.50	.30	
SURGERY	74	83	5,325.34	64.16	.002	71.96	.11	
PATHOLOGY	437	2,438	23,187.37	9.51	.049	53.06	.47	
RADIOLOGY	379	680	49,596.50	72.94	.014	130.86	1.00	
ROOM USE	362	478	18,444.23	38.59	.010	50.95	.37	
CROSSOVERS/ALL OTH OUTPTNT	1,167	5,402	108,476.93	20.08	.109	92.95	2.19	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	13,761	419,596	\$ 46,132,149.40	\$ 109.94	8.456	\$ 3352.38	\$ 929.71	
LEV A-INTERMEDIATE	10	489	27,825.51	56.90	.010	2782.55	.56	
LEV B-REHAB MD	29	894	92,946.51	103.97	.018	3205.05	1.87	
LEV B-SUBACUTE FREESTANDING	14	397	149,735.75	377.17	.008	10695.41	3.02	
LEV B-SUBACUTE HSPTL BASED	21	980	423,564.88	432.21	.020	20169.76	8.54	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	13,700	416,836	45,438,076.75	109.01	8.401	3316.65	915.72	
@INTERMEDIATE CARE FACIL.-DD	3	44	\$ 6,031.38	\$ 137.08	.001	\$ 2010.46	\$.12	
ICF DDH	3	44	6,031.38	137.08	.001	2010.46	.12	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	231	2,838	\$ 197,874.36	\$ 69.72	.057	\$ 856.60	\$ 3.99	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	231	2,838	197,874.36	69.72	.057	856.60	3.99	
@REHABILITATION FACILITY	1	1	\$ 48.36	\$ 48.36	.000	\$ 48.36	\$.00	
HOSPITAL BASED	1	1	48.36	48.36	.000	48.36	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00	
@LABORATORY FACILITY	516	2,395	\$ 28,442.12	\$ 11.88	.048	\$ 55.12	\$.57	
PATHOLOGY	489	2,354	28,133.20	11.95	.047	57.53	.57	
XO AND OTHERS	27	41	308.92	7.53	.001	11.44	.01	
@ORGANIZED OUTPATIENT CLINIC	5,419	9,107	\$ 2,058,162.13	\$ 226.00	.184	\$ 379.80	\$ 41.48	
CLINIC	120	344	11,672.01	33.93	.007	97.27	.24	
SURGICENTER	38	130	10,794.50	83.03	.003	284.07	.22	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	5,288	8,633	2,035,695.62	235.80	.174	384.97	41.03	
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49,620 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	4,426	468,033	\$ 1,551,837.07	\$ 3.32	9.432	\$	350.62	\$ 31.27
DURABLE MED. EQUIP.	529	3,425	295,594.27	86.30	.069		558.78	5.96
BLOOD BANK	0	0	.00	.00	.000		.00	.00
HEARING AID DISPENSERS	60	76	28,514.68	375.19	.002		475.24	.57
MEDICAL TRANSPORTATION	1,077	29,267	153,511.39	5.25	.590		142.54	3.09
AMBULANCES/AIR TRANS	215	1,620	26,007.08	16.05	.033		120.96	.52
OTHER TRANS	816	27,213	122,096.85	4.49	.548		149.63	2.46
OTHER SERVICES	92	434	5,407.46	12.46	.009		58.78	.11
ACUPUNCTURE	65	292	5,136.21	17.59	.006		79.02	.10
ADULT DAY HEALTH CARE CTR	149	1,968	136,687.97	69.46	.040		917.37	2.75
GENETIC DISEASE TESTING	0	0	.00	.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	36	289	25,001.40	86.51	.006		694.48	.50
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00
OPTICIAN	903	2,143	26,613.07	12.42	.043		29.47	.54
PHYSICAL THERAPIST	0	0	.00	.00	.000		.00	.00
PORTABLE X-RAY	197	347	1,320.49	3.81	.007		6.70	.03
PROSTHETIST/ORTHOTISTS	42	99	3,654.51	36.91	.002		87.01	.07
PROSTHETICS	38	95	3,296.37	34.70	.002		86.75	.07
ORTHOTICS	4	4	358.14	89.54	.000		89.54	.01
PSYCHOLOGIST	17	19	420.64	22.14	.000		24.74	.01
SPEECH AND AUDIOLOGY	215	478	64,895.90	135.77	.010		301.84	1.31
HOSPICE SERVICES	233	6,052	694,893.68	114.82	.122		2982.38	14.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	3	100	315.97	3.16	.002		105.32	.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	1,223	423,478	115,276.89	.27	8.534		94.26	2.32
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	\$	.00	\$.00
@XOVER EXCLUDING STATE HOSP**	7,549	165,375	\$ 1,452,493.21	\$ 8.78	3.333	\$	192.41	\$ 29.27

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

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169 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	159	7,796	\$ 209,796.53	\$ 26.91	46.130	\$	1319.48	\$ 1241.40
@PHYSICIANS SERVICES	50	226	\$ 7,530.89	\$ 33.32	1.337	\$	150.62	\$ 44.56
OUTPATIENT VISITS	13	20	1,062.36	53.12	.118		81.72	6.29
OFFICE VISITS	7	12	443.87	36.99	.071		63.41	2.63
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	6	8	618.49	77.31	.047		103.08	3.66
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	7	20	856.19	42.81	.118		122.31	5.07
HOSPITAL VISITS	7	20	856.19	42.81	.118		122.31	5.07
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	42.13	42.13	.006		42.13	.25
EXAMINATIONS	1	1	42.13	42.13	.006		42.13	.25
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00

INPATIENT HOSPITAL SURGERY	2	8		232.35	29.04	.047	116.18	1.37
PRINCIPAL SURGEON	1	1		58.35	58.35	.006	58.35	.35
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7		174.00	24.86	.041	174.00	1.03
OUTPATIENT SURGERY	3	6		236.46	39.41	.036	78.82	1.40
PRINCIPAL SURGEON	2	2		104.49	52.25	.012	52.25	.62
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4		131.97	32.99	.024	131.97	.78
DIALYSIS	13	51		3,420.10	67.06	.302	263.08	20.24
PATHOLOGY	5	54		108.06	2.00	.320	21.61	.64
RADIOLOGY	9	18		481.48	26.75	.107	53.50	2.85
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	30	48		1,091.76	22.75	.284	36.39	6.46
@PHARMACY	97	1,366	\$	37,475.54	\$ 27.43	8.083	\$ 386.35	\$ 221.75
PRESCRIPTION DRUGS	94	439		34,597.75	78.81	2.598	368.06	204.72
SNF/ICF	15	163		10,583.26	64.93	.964	705.55	62.62
OUTPATIENTS	79	276		24,014.49	87.01	1.633	303.98	142.10
MEDICAL SUPPLIES	24	927		2,877.79	3.10	5.485	119.91	17.03
@DENTIST	11	43	\$	1,866.00	\$ 43.40	.254	\$ 169.64	\$ 11.04
VISITS - DIAGNOSTIC	8	33		303.00	9.18	.195	37.88	1.79
ORAL SURGERY	1	4		159.00	39.75	.024	159.00	.94
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1		39.00	39.00	.006	39.00	.23
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	5		1,365.00	273.00	.030	455.00	8.08
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND							

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169 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	2 \$	.87	\$.44	.012	\$.87	\$.01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	2	.87	.44	.012	.87	.01
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	19	99 \$	19,266.89	\$ 194.62	.586	\$ 1014.05	\$ 114.01
HOSP INPATIENT TOTAL	7	21	17,052.55	812.03	.124	2436.08	100.90
HSC HOSPITALS	4	12	14,250.00	1187.50	.071	3562.50	84.32

NON-HSC HOSPITAL TOTAL	0	0	1,607.45CR	.00	.000	.00	9.51CR
ACCOMMODATIONS	0	0	5,661.96	.00	.000	.00	33.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	5,661.96	.00	.000	.00	33.50
ANCILLARIES	0	0	7,269.41CR	.00	.000	.00	43.01CR
INPATIENT CROSSOVERS	3	9	4,410.00	490.00	.053	1470.00	26.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	13	78	2,214.34	28.39	.462	170.33	13.10
MEDICAL	8	9	296.08	32.90	.053	37.01	1.75
SURGERY	2	2	185.29	92.65	.012	92.65	1.10
PATHOLOGY	5	22	216.50	9.84	.130	43.30	1.28
RADIOLOGY	4	8	563.31	70.41	.047	140.83	3.33
ROOM USE	9	12	503.08	41.92	.071	55.90	2.98
CROSSOVERS/ALL OTH OUTPTNT	5	25	450.08	18.00	.148	90.02	2.66
@COUNTY HOSPITAL TOTAL	2	7	\$ 278.58	\$ 39.80	.041	\$ 139.29	\$ 1.65
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	7	278.58	39.80	.041	139.29	1.65
MEDICAL	2	3	138.46	46.15	.018	69.23	.82
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	4	140.12	35.03	.024	70.06	.83
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,079
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND						

169 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17	92	\$ 18,988.31	\$ 206.39	.544	\$ 1116.96	\$ 112.36
COMM HOSP INPATIENT TOTAL	7	21	17,052.55	812.03	.124	2436.08	100.90
HSC HOSPITALS	4	12	14,250.00	1187.50	.071	3562.50	84.32
NON-HSC HOSPITALS TOTAL	0	0	1,607.45CR	.00	.000	.00	9.51CR
ACCOMMODATIONS	0	0	5,661.96	.00	.000	.00	33.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	5,661.96	.00	.000	.00	33.50
ANCILLARIES	0	0	7,269.41CR	.00	.000	.00	43.01CR
INPATIENT CROSSOVERS	3	9	4,410.00	490.00	.053	1470.00	26.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	71	1,935.76	27.26	.420	175.98	11.45
MEDICAL	6	6	157.62	26.27	.036	26.27	.93
SURGERY	2	2	185.29	92.65	.012	92.65	1.10
PATHOLOGY	5	22	216.50	9.84	.130	43.30	1.28
RADIOLOGY	4	8	563.31	70.41	.047	140.83	3.33
ROOM USE	7	8	362.96	45.37	.047	51.85	2.15
CROSSOVERS/ALL OTH OUTPTNT	5	25	450.08	18.00	.148	90.02	2.66
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

@NURSING FACILITY	10	242	\$	15,479.93	\$	63.97	1.432	\$	1547.99	\$	91.60
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	10	242		15,479.93		63.97	1.432		1547.99		91.60
@INTERMEDIATE CARE FACIL.-DD	12	365	\$	53,353.85	\$	146.17	2.160	\$	4446.15	\$	315.70
ICF DDH	12	365		53,353.85		146.17	2.160		4446.15		315.70
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	13	1,054	\$	31,702.49	\$	30.08	6.237	\$	2438.65	\$	187.59
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	13	1,054		31,702.49		30.08	6.237		2438.65		187.59
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	11	100	\$	1,049.56	\$	10.50	.592	\$ 95.41	\$ 6.21
PATHOLOGY	11	100		1,049.56		10.50	.592	95.41	6.21
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	30	51	\$	14,062.02	\$	275.73	.302	\$ 468.73	\$ 83.21
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	30	51		14,062.02		275.73	.302	468.73	83.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,080	
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04	
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND								

169 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	46	4,248	\$ 28,008.49	\$ 6.59	25.136	\$ 608.88	\$ 165.73
DURABLE MED. EQUIP.	4	10	10,969.17	1096.92	.059	2742.29	64.91
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	725.00	362.50	.012	725.00	4.29
MEDICAL TRANSPORTATION	17	2,165	8,308.53	3.84	12.811	488.74	49.16
AMBULANCES/AIR TRANS	1	15	167.90	11.19	.089	167.90	.99
OTHER TRANS	16	2,150	8,140.63	3.79	12.722	508.79	48.17
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	1	7	742.23	106.03	.041	742.23	4.39
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	3	114.03	38.01	.018	38.01	.67
SPEECH AND AUDIOLOGY	1	2	1,037.56	518.78	.012	1037.56	6.14
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	273	1,872.54	6.86	1.615	208.06	11.08
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	14	1,786	4,239.43	2.37	10.568	302.82	25.09
@CALIF. CHILDREN SERVICES*	10	63	\$ 17,183.45	\$ 272.75	.373	\$ 1718.35	\$ 101.68
@XOVER EXCLUDING STATE HOSP**	25	324	\$ 6,401.47	\$ 19.76	1.917	\$ 256.06	\$ 37.88

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,081	
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04	
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED								

24,423 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	18,601	998,365	\$ 31,611,627.46	\$ 31.66	40.878	\$ 1699.46	\$ 1294.34
@PHYSICIANS SERVICES	3,702	25,608	\$ 804,369.41	\$ 31.41	1.049	\$ 217.28	\$ 32.93
OUTPATIENT VISITS	1,166	1,656	76,987.51	46.49	.068	66.03	3.15
OFFICE VISITS	567	763	25,602.86	33.56	.031	45.15	1.05
HOME VISITS	13	13	531.50	40.88	.001	40.88	.02
EMERGENCY ROOM	517	710	45,611.19	64.24	.029	88.22	1.87

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	123	170	5,241.96	30.84	.007	42.62	.21
INPATIENT VISITS	787	6,122	256,681.89	41.93	.251	326.15	10.51
HOSPITAL VISITS	653	5,578	218,552.27	39.18	.228	334.69	8.95
CRITICAL CARE	66	245	27,827.62	113.58	.010	421.63	1.14
SNF/ICF/TRANS IP CARE	157	299	10,302.00	34.45	.012	65.62	.42
OPHTHALMOLOGICAL SERVICES	64	87	3,889.83	44.71	.004	60.78	.16
EXAMINATIONS	64	87	3,889.83	44.71	.004	60.78	.16
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	281	3,077	129,739.63	42.16	.126	461.71	5.31
PRINCIPAL SURGEON	224	424	99,921.61	235.66	.017	446.08	4.09
ASSISTANT SURGEON	21	21	3,812.58	181.55	.001	181.55	.16
ANESTHESIOLOGIST	101	2,632	26,005.44	9.88	.108	257.48	1.06
OUTPATIENT SURGERY	200	428	45,107.69	105.39	.018	225.54	1.85
PRINCIPAL SURGEON	181	247	40,288.96	163.11	.010	222.59	1.65
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	27	181	4,818.73	26.62	.007	178.47	.20
DIALYSIS	155	641	44,494.85	69.41	.026	287.06	1.82
PATHOLOGY	349	3,404	19,646.60	5.77	.139	56.29	.80
RADIOLOGY	748	2,443	89,759.93	36.74	.100	120.00	3.68
PSYCHIATRY	1	1	28.10	28.10	.000	28.10	.00
IMMUNIZATION AND INJECTION	31	443	25,794.39	58.23	.018	832.08	1.06
OTHER SERVICES/ALL X-OVERS	2,073	7,306	112,238.99	15.36	.299	54.14	4.60
@PHARMACY	13,022	139,901	\$ 5,904,520.28	\$ 42.20	5.728	\$ 453.43	\$ 241.76
PRESCRIPTION DRUGS	12,817	61,411	5,768,311.17	93.93	2.514	450.05	236.18
SNF/ICF	2,732	19,612	1,429,165.30	72.87	.803	523.12	58.52
OUTPATIENTS	10,237	41,799	4,339,145.87	103.81	1.711	423.87	177.67
MEDICAL SUPPLIES	1,166	78,490	136,209.11	1.74	3.214	116.82	5.58
@DENTIST	1,520	6,921	\$ 299,594.03	\$ 43.29	.283	\$ 197.10	\$ 12.27
VISITS - DIAGNOSTIC	993	3,810	48,544.72	12.74	.156	48.89	1.99
ORAL SURGERY	259	893	45,097.43	50.50	.037	174.12	1.85
DRUGS	3	3	25.00	8.33	.000	8.33	.00
ANESTHESIA	14	14	1,300.00	92.86	.001	92.86	.05
PERIODONTICS	129	135	18,036.00	133.60	.006	139.81	.74
ENDODONTICS	89	147	33,594.00	228.53	.006	377.46	1.38
RESTORATIVE DENTISTRY	426	1,147	81,985.00	71.48	.047	192.45	3.36
PROSTHETICS	16	16	460.00	28.75	.001	28.75	.02
DENTURES, STAYPLATES	188	693	70,516.88	101.76	.028	375.09	2.89
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	.00
ALL OTHER SERVICES	51	61	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,082
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED						

24,423 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	329	941	\$ 19,214.15	\$ 20.42	.039	\$ 58.40	\$.79
DIAGNOSTIC AND ANC. PROCED	100	100	4,427.58	44.28	.004	44.28	.18
EYE APPLIANCES	259	783	13,364.90	17.07	.032	51.60	.55
OTHER OPTOMETRIC SERVICES	33	58	1,421.67	24.51	.002	43.08	.06
@CHIROPRACTOR	2	4	\$ 66.88	\$ 16.72	.000	\$ 33.44	\$.00
VISITS	2	4	66.88	16.72	.000	33.44	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	428	632	\$ 4,598.94	\$ 7.28	.026	\$ 10.75	\$.19
MEDICINE/INJECTIONS	27	31	897.25	28.94	.001	33.23	.04
SURGERY/ANES.	14	17	223.29	13.13	.001	15.95	.01

RADIO./PATHOLOGY	1	2		34.60		17.30	.000	34.60	.00
OTHER	395	582		3,443.80		5.92	.024	8.72	.14
@HOME HEALTH AGENCY	192	24,917	\$	737,466.27	\$	29.60	1.020	\$ 3840.97	\$ 30.20
NURSE ANESTHESIST	1	3	\$	7.91	\$	2.64	.000	\$ 7.91	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	2	\$	36.51	\$	18.26	.000	\$ 18.26	\$.00
@TOTAL HOSPITAL	2,276	21,181	\$	8,345,309.64	\$	394.00	.867	\$ 3666.66	\$ 341.70
HOSP INPATIENT TOTAL	715	7,287		8,051,067.04		1104.85	.298	11260.23	329.65
HSC HOSPITALS	386	3,385		3,858,297.95		1139.82	.139	9995.59	157.98
NON-HSC HOSPITAL TOTAL	180	2,397		3,944,221.24		1645.48	.098	21912.34	161.50
ACCOMMODATIONS	180	2,397		1,044,149.50		435.61	.098	5800.83	42.75
ADMINISTRATIVE DAYS	61	1,193		257,638.40		215.96	.049	4223.58	10.55
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	127	1,204		786,511.10		653.25	.049	6193.00	32.20
ANCILLARIES	178	0		2,900,071.74		.00	.000	16292.54	118.74
INPATIENT CROSSOVERS	181	1,505		248,547.85		165.15	.062	1373.19	10.18
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,671	13,894		294,242.60		21.18	.569	176.09	12.05
MEDICAL	304	567		20,826.15		36.73	.023	68.51	.85
SURGERY	87	112		3,743.59		33.42	.005	43.03	.15
PATHOLOGY	491	3,970		37,292.55		9.39	.163	75.95	1.53
RADIOLOGY	307	702		57,144.48		81.40	.029	186.14	2.34
ROOM USE	563	851		29,942.73		35.19	.035	53.18	1.23
CROSSOVERS/ALL OTH OUTPTNT	1,101	7,692		145,293.10		18.89	.315	131.96	5.95
@COUNTY HOSPITAL TOTAL	322	2,577	\$	2,353,943.61	\$	913.44	.106	\$ 7310.38	\$ 96.38
CO HOSPITAL INPATIENT TOTAL	280	2,438		2,350,021.16		963.91	.100	8392.93	96.22
HSC HOSPITALS	243	1,916		2,141,967.77		1117.94	.078	8814.68	87.70
NON-HSC HOSPITALS TOTAL	15	275		153,893.06		559.61	.011	10259.54	6.30
ACCOMMODATIONS	15	275		61,755.19		224.56	.011	4117.01	2.53
ADMINISTRATIVE DAYS	15	275		61,755.19		224.56	.011	4117.01	2.53
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	15	0		92,137.87		.00	.000	6142.52	3.77
INPATIENT CROSSOVERS	30	247		54,160.33		219.27	.010	1805.34	2.22
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	45	139		3,922.45		28.22	.006	87.17	.16
MEDICAL	12	15		557.51		37.17	.001	46.46	.02
SURGERY	3	3		82.27		27.42	.000	27.42	.00
PATHOLOGY	10	37		496.01		13.41	.002	49.60	.02
RADIOLOGY	7	13		1,136.59		87.43	.001	162.37	.05
ROOM USE	21	27		995.34		36.86	.001	47.40	.04
CROSSOVERS/ALL OTH OUTPTNT	23	44		654.73		14.88	.002	28.47	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED								

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		----- MONTHLY AVERAGE -----						
24,423 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,990	18,604	\$ 5,991,366.03	\$ 322.05	.762	\$ 3010.74	\$ 245.32	
COMM HOSP INPATIENT TOTAL	450	4,849	5,701,045.88	1175.72	.199	12668.99	233.43	
HSC HOSPITALS	151	1,469	1,716,330.18	1168.37	.060	11366.43	70.28	
NON-HSC HOSPITALS TOTAL	166	2,122	3,790,328.18	1786.21	.087	22833.30	155.20	
ACCOMMODATIONS	166	2,122	982,394.31	462.96	.087	5918.04	40.22	
ADMINISTRATIVE DAYS	46	918	195,883.21	213.38	.038	4258.33	8.02	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	127	1,204	786,511.10	653.25	.049	6193.00	32.20	
ANCILLARIES	164	0	2,807,933.87	.00	.000	17121.55	114.97	
INPATIENT CROSSOVERS	152	1,258	194,387.52	154.52	.052	1278.87	7.96	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	1,628	13,755		290,320.15	21.11	.563	178.33	11.89
MEDICAL	292	552		20,268.64	36.72	.023	69.41	.83
SURGERY	84	109		3,661.32	33.59	.004	43.59	.15
PATHOLOGY	482	3,933		36,796.54	9.36	.161	76.34	1.51
RADIOLOGY	300	689		56,007.89	81.29	.028	186.69	2.29
ROOM USE	543	824		28,947.39	35.13	.034	53.31	1.19
CROSSOVERS/ALL OTH OUTPTNT	1,078	7,648		144,638.37	18.91	.313	134.17	5.92
@STATE HOSPITAL	0	0	\$	.00	\$	.000	.00	.00
MENTALLY ILL	0	0		.00		.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.000	.00	.00
@NURSING FACILITY	2,410	71,332	\$	9,395,754.75	\$	131.72	2.921	\$ 3898.65
LEV A-INTERMEDIATE	13	381		25,320.76		.016	1947.75	1.04
LEV B-REHAB MD	195	5,980		685,884.35		.245	3517.36	28.08
LEV B-SUBACUTE FREESTANDING	1	81		31,766.13		.003	31766.13	1.30
LEV B-SUBACUTE HSPTL BASED	91	3,116		1,382,485.98		.128	15192.15	56.61
LEV B-TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
LEV B-REGULAR	2,113	61,774		7,270,297.53		117.69	2.529	3440.75
@INTERMEDIATE CARE FACIL.-DD	550	16,873	\$	2,392,518.86	\$	141.80	.691	\$ 4350.03
ICF DDH	453	14,096		1,909,728.42		135.48	.577	4215.74
ICF DD	0	0		.00		.000	.00	.00
ICF DDN/DDCN	97	2,777		482,790.44		173.85	.114	4977.22
@HEMODIALYSIS TOTAL	413	6,658	\$	424,909.32	\$	63.82	.273	\$ 1028.84
HOSPITAL BASED	0	0		.00		.000	.00	.00
HEMODIALYSIS CENTER	413	6,658		424,909.32		63.82	.273	1028.84
@REHABILITATION FACILITY	46	565	\$	7,849.14	\$	13.89	.023	\$ 170.63
HOSPITAL BASED	12	57		1,460.19		25.62	.002	121.68
INDEPENDENT FACILITY	34	508		6,388.95		12.58	.021	187.91
@LABORATORY FACILITY	376	2,414	\$	28,063.54	\$	11.63	.099	\$ 74.64
PATHOLOGY	368	2,393		27,936.01		11.67	.098	75.91
XO AND OTHERS	8	21		127.53		6.07	.001	15.94
@ORGANIZED OUTPATIENT CLINIC	4,514	8,961	\$	2,017,095.61	\$	225.10	.367	\$ 446.85
CLINIC	82	309		12,031.15		38.94	.013	146.72
SURGICENTER	7	25		1,726.43		69.06	.001	246.63
HEROIN DETOX CLINIC	2	29		347.16		11.97	.001	173.58
RURAL HEALTH CLINIC	4,439	8,598		2,002,990.87		232.96	.352	451.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,084
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CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED							

24,423 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	----- MONTHLY AVERAGE -----			
					AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,974	671,452	\$	1,230,252.22	\$ 1.83	27.493	\$ 413.67	\$ 50.37
DURABLE MED. EQUIP.	314	2,517		224,130.93	89.05	.103	713.79	9.18
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	10		5,191.23	519.12	.000	519.12	.21
MEDICAL TRANSPORTATION	704	26,283		156,739.91	5.96	1.076	222.64	6.42
AMBULANCES/AIR TRANS	391	3,938		59,662.66	15.15	.161	152.59	2.44
OTHER TRANS	315	22,149		90,500.64	4.09	.907	287.30	3.71
OTHER SERVICES	34	196		6,576.61	33.55	.008	193.43	.27
ACUPUNCTURE	15	46		805.59	17.51	.002	53.71	.03
ADULT DAY HEALTH CARE CTR	11	127		8,850.49	69.69	.005	804.59	.36
GENETIC DISEASE TESTING	1	1		105.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	93	11,589		298,928.45	25.79	.475	3214.28	12.24
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	418	1,012		12,458.18	12.31	.041	29.80	.51
PHYSICAL THERAPIST	1	2		11.09	5.55	.000	11.09	.00
PORTABLE X-RAY	48	91		746.61	8.20	.004	15.55	.03
PROSTHETIST/ORTHOTISTS	49	221		33,117.46	149.85	.009	675.87	1.36
PROSTHETICS	48	220		33,107.61	150.49	.009	689.74	1.36
ORTHOTICS	1	1		9.85	9.85	.000	9.85	.00

PSYCHOLOGIST	53	147	2,051.54	13.96	.006	38.71	.08
SPEECH AND AUDIOLOGY	108	266	20,935.54	78.71	.011	193.85	.86
HOSPICE SERVICES	56	1,683	239,749.73	142.45	.069	4281.25	9.82
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	462	14,104	110,577.04	7.84	.577	239.34	4.53
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	937	613,353	115,853.43	.19	25.114	123.64	4.74
@CALIF. CHILDREN SERVICES*	243	16,233	\$ 352,737.20	\$ 21.73	.665	\$ 1451.59	\$ 14.44
@XOVER EXCLUDING STATE HOSP**	3,133	38,878	\$ 810,068.31	\$ 20.84	1.592	\$ 258.56	\$ 33.17

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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CONTRA COSTA COUNT

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

138,262 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	77,272	329,310	\$ 33,074,922.86	\$ 100.44	2.382	\$ 428.03	\$ 239.22
@PHYSICIANS SERVICES	10,846	45,953	\$ 2,343,527.13	\$ 51.00	.332	\$ 216.07	\$ 16.95
OUTPATIENT VISITS	6,141	11,240	416,972.24	37.10	.081	67.90	3.02
OFFICE VISITS	2,009	2,590	103,924.73	40.13	.019	51.73	.75
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3,370	3,760	202,544.91	53.87	.027	60.10	1.46
PREVENTIVE CARE	23	24	984.29	41.01	.000	42.80	.01
OB VISITS/COMPRE PERI	594	4,374	89,228.84	20.40	.032	150.22	.65
OTHER OUTPATIENT	394	492	20,289.47	41.24	.004	51.50	.15
INPATIENT VISITS	1,930	8,372	608,542.43	72.69	.061	315.31	4.40
HOSPITAL VISITS	1,812	6,255	280,623.52	44.86	.045	154.87	2.03
CRITICAL CARE	234	2,113	327,701.41	155.09	.015	1400.43	2.37
SNF/ICF/TRANS IP CARE	1	4	217.50	54.38	.000	217.50	.00
OPHTHALMOLOGICAL SERVICES	56	88	4,092.94	46.51	.001	73.09	.03
EXAMINATIONS	54	86	4,082.36	47.47	.001	75.60	.03
SERVICES AND MATERIALS	2	2	10.58	5.29	.000	5.29	.00
INPATIENT HOSPITAL SURGERY	1,804	8,768	817,262.24	93.21	.063	453.03	5.91
PRINCIPAL SURGEON	1,395	2,064	639,925.06	310.04	.015	458.73	4.63
ASSISTANT SURGEON	218	223	36,855.43	165.27	.002	169.06	.27
ANESTHESIOLOGIST	640	6,481	140,481.75	21.68	.047	219.50	1.02
OUTPATIENT SURGERY	802	1,778	123,555.05	69.49	.013	154.06	.89
PRINCIPAL SURGEON	690	901	96,033.77	106.59	.007	139.18	.69
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.00
ANESTHESIOLOGIST	207	876	27,414.06	31.29	.006	132.44	.20
DIALYSIS	53	225	16,974.03	75.44	.002	320.26	.12
PATHOLOGY	1,920	7,832	59,384.64	7.58	.057	30.93	.43
RADIOLOGY	2,300	3,833	174,913.81	45.63	.028	76.05	1.27
PSYCHIATRY	3	4	103.17	25.79	.000	34.39	.00
IMMUNIZATION AND INJECTION	242	586	7,452.46	12.72	.004	30.80	.05
OTHER SERVICES/ALL X-OVERS	1,664	3,227	114,274.12	35.41	.023	68.67	.83
@PHARMACY	9,406	27,180	\$ 1,262,929.75	\$ 46.47	.197	\$ 134.27	\$ 9.13
PRESCRIPTION DRUGS	9,145	20,210	1,190,137.91	58.89	.146	130.14	8.61
SNF/ICF	9	56	2,310.10	41.25	.000	256.68	.02
OUTPATIENTS	9,137	20,154	1,187,827.81	58.94	.146	130.00	8.59
MEDICAL SUPPLIES	610	6,970	72,791.84	10.44	.050	119.33	.53
@DENTIST	17,318	95,147	\$ 2,998,831.99	\$ 31.52	.688	\$ 173.16	\$ 21.69
VISITS - DIAGNOSTIC	12,589	62,039	831,014.68	13.40	.449	66.01	6.01
ORAL SURGERY	2,556	5,448	328,473.95	60.29	.039	128.51	2.38
DRUGS	671	786	17,532.50	22.31	.006	26.13	.13
ANESTHESIA	79	79	7,500.00	94.94	.001	94.94	.05
PERIODONTICS	839	852	121,493.00	142.60	.006	144.81	.88
ENDODONTICS	1,442	2,564	319,056.75	124.44	.019	221.26	2.31
RESTORATIVE DENTISTRY	6,596	20,387	1,176,852.00	57.73	.147	178.42	8.51
PROSTHETICS	48	50	1,140.00	22.80	.000	23.75	.01
DENTURES, STAYPLATES	350	1,403	120,793.36	86.10	.010	345.12	.87
SPACE MAINTAINERS	124	153	16,212.00	105.96	.001	130.74	.12
MAXILLOFACIAL SERVICES	27	27	1,280.00	47.41	.000	47.41	.01
FRACTURES, DISLOCATIONS	2	2	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	626	812	57,048.75	70.26	.006	91.13	.41
ALL OTHER SERVICES	413	545	435.00	.80	.004	1.05	.00

#CALIF DEPT OF HEALTH SERV
MOP024
CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

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138,262 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAYMONTHLY AVERAGE
UNITS/DAYS
PER ELIGCOST PER
USERCOST PER
ELIGIBLE

@OPTOMETRIST	341	950	\$	23,517.75	\$	24.76	.007	\$	68.97	\$	.17
DIAGNOSTIC AND ANC. PROCED	285	286		13,263.41		46.38	.002		46.54		.10
EYE APPLIANCES	229	659		10,151.50		15.40	.005		44.33		.07
OTHER OPTOMETRIC SERVICES	4	5		102.84		20.57	.000		25.71		.00
@CHIROPRACTOR	48	95	\$	1,510.64	\$	15.90	.001	\$	31.47	\$	.01
VISITS	47	89		1,488.08		16.72	.001		31.66		.01
OTHER SERVICES	1	6		22.56		3.76	.000		22.56		.00
@PODIATRIST	24	53	\$	2,343.39	\$	44.21	.000	\$	97.64	\$	.02
MEDICINE/INJECTIONS	18	22		788.19		35.83	.000		43.79		.01
SURGERY/ANES.	5	8		505.92		63.24	.000		101.18		.00
RADIO./PATHOLOGY	6	10		173.00		17.30	.000		28.83		.00
OTHER	7	13		876.28		67.41	.000		125.18		.01
@HOME HEALTH AGENCY	52	1,703	\$	55,584.73	\$	32.64	.012	\$	1068.94	\$	.40
NURSE ANESTHESIST	139	373	\$	13,794.99	\$	36.98	.003	\$	99.24	\$	.10
NURSE MIDWIFE	3	5	\$	1,394.87	\$	278.97	.000	\$	464.96	\$	.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	6,656	29,931	\$	12,389,234.50	\$	413.93	.216	\$	1861.36	\$	89.61
HOSP INPATIENT TOTAL	1,859	8,143		11,778,128.93		1446.41	.059		6335.73		85.19
HSC HOSPITALS	1,554	6,577		9,233,701.72		1403.94	.048		5941.89		66.78
NON-HSC HOSPITAL TOTAL	310	1,555		2,541,469.75		1634.39	.011		8198.29		18.38
ACCOMMODATIONS	309	1,555		1,024,240.45		658.68	.011		3314.69		7.41
ADMINISTRATIVE DAYS	9	44		10,177.20		231.30	.000		1130.80		.07
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	302	1,511		1,014,063.25		671.12	.011		3357.83		7.33
ANCILLARIES	310	0		1,517,229.30		.00	.000		4894.29		10.97
INPATIENT CROSSOVERS	4	11		2,957.46		268.86	.000		739.37		.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5,034	21,788		611,105.57		28.05	.158		121.40		4.42
MEDICAL	944	1,376		67,743.68		49.23	.010		71.76		.49
SURGERY	384	442		13,955.00		31.57	.003		36.34		.10
PATHOLOGY	1,812	8,942		90,621.50		10.13	.065		50.01		.66
RADIOLOGY	1,356	1,917		145,035.04		75.66	.014		106.96		1.05
ROOM USE	3,731	4,708		172,865.28		36.72	.034		46.33		1.25
CROSSOVERS/ALL OTH OUTPTNT	2,057	4,403		120,885.07		27.46	.032		58.77		.87
@COUNTY HOSPITAL TOTAL	908	3,071	\$	2,742,993.33	\$	893.19	.022	\$	3020.92	\$	19.84
CO HOSPITAL INPATIENT TOTAL	800	2,414		2,724,280.62		1128.53	.017		3405.35		19.70
HSC HOSPITALS	800	2,414		2,724,280.62		1128.53	.017		3405.35		19.70
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	116	657		18,712.71		28.48	.005		161.32		.14
MEDICAL	15	18		823.99		45.78	.000		54.93		.01
SURGERY	37	51		1,468.18		28.79	.000		39.68		.01
PATHOLOGY	52	272		4,283.95		15.75	.002		82.38		.03
RADIOLOGY	15	19		1,252.70		65.93	.000		83.51		.01
ROOM USE	73	131		6,352.20		48.49	.001		87.02		.05
CROSSOVERS/ALL OTH OUTPTNT	59	166		4,531.69		27.30	.001		76.81		.03

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CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
138,262 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	5,774	26,860	\$ 9,646,241.17	\$ 359.13	.194	\$ 1670.63	\$ 69.77

----- MONTHLY AVERAGE -----

COMM HOSP INPATIENT TOTAL	1,065	5,729		9,053,848.31	1580.35	.041	8501.27	65.48
HSC HOSPITALS	758	4,163		6,509,421.10	1563.64	.030	8587.63	47.08
NON-HSC HOSPITALS TOTAL	310	1,555		2,541,469.75	1634.39	.011	8198.29	18.38
ACCOMMODATIONS	309	1,555		1,024,240.45	658.68	.011	3314.69	7.41
ADMINISTRATIVE DAYS	9	44		10,177.20	231.30	.000	1130.80	.07
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	302	1,511		1,014,063.25	671.12	.011	3357.83	7.33
ANCILLARIES	310	0		1,517,229.30	.00	.000	4894.29	10.97
INPATIENT CROSSOVERS	4	11		2,957.46	268.86	.000	739.37	.02
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,921	21,131		592,392.86	28.03	.153	120.38	4.28
MEDICAL	929	1,358		66,919.69	49.28	.010	72.03	.48
SURGERY	347	391		12,486.82	31.94	.003	35.99	.09
PATHOLOGY	1,762	8,670		86,337.55	9.96	.063	49.00	.62
RADIOLOGY	1,341	1,898		143,782.34	75.75	.014	107.22	1.04
ROOM USE	3,661	4,577		166,513.08	36.38	.033	45.48	1.20
CROSSOVERS/ALL OTH OUTPTNT	1,999	4,237		116,353.38	27.46	.031	58.21	.84
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	2	175	\$	12,406.19	\$ 70.89	.001	\$ 6203.10	\$.09
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2	175		12,406.19	70.89	.001	6203.10	.09
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	74	2,204	\$	127,071.17	\$ 57.65	.016	\$ 1717.18	\$.92
HOSPITAL BASED	8	80		31,545.78	394.32	.001	3943.22	.23
HEMODIALYSIS CENTER	66	2,124		95,525.39	44.97	.015	1447.35	.69
@REHABILITATION FACILITY	95	921	\$	15,632.65	\$ 16.97	.007	\$ 164.55	\$.11
HOSPITAL BASED	52	122		6,716.06	55.05	.001	129.16	.05
INDEPENDENT FACILITY	43	799		8,916.59	11.16	.006	207.36	.06
@LABORATORY FACILITY	1,758	5,640	\$	85,648.40	\$ 15.19	.041	\$ 48.72	\$.62
PATHOLOGY	1,752	5,633		85,244.20	15.13	.041	48.66	.62
XO AND OTHERS	7	7		404.20	57.74	.000	57.74	.00
@ORGANIZED OUTPATIENT CLINIC	37,909	63,285	\$	13,126,037.83	\$ 207.41	.458	\$ 346.25	\$ 94.94
CLINIC	1,965	10,683		286,961.53	26.86	.077	146.04	2.08
SURGICENTER	3	8		393.92	49.24	.000	131.31	.00
HEROIN DETOX CLINIC	5	70		793.67	11.34	.001	158.73	.01
RURAL HEALTH CLINIC	36,080	52,524		12,837,888.71	244.42	.380	355.82	92.85
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CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES							

						----- MONTHLY AVERAGE -----		
138,262 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	8,168	55,695	\$ 615,456.88	\$ 11.05	.403	\$ 75.35	\$ 4.45	
DURABLE MED. EQUIP.	67	549	36,995.02	67.39	.004	552.16	.27	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	7	19	5,704.74	300.25	.000	814.96	.04	
MEDICAL TRANSPORTATION	685	9,296	154,768.94	16.65	.067	225.94	1.12	
AMBULANCES/AIR TRANS	676	7,858	113,821.25	14.48	.057	168.37	.82	
OTHER TRANS	10	1,418	5,472.69	3.86	.010	547.27	.04	
OTHER SERVICES	20	20	35,475.00	1773.75	.000	1773.75	.26	
ACUPUNCTURE	65	185	3,453.38	18.67	.001	53.13	.02	

ADULT DAY HEALTH CARE CTR	1	1	72.00	72.00	.000	72.00	.00
GENETIC DISEASE TESTING	642	642	65,539.50	102.09	.005	102.09	.47
IHMC,MODEL-NF,NF,AIDS,MSSP	1	74	2,001.50	27.05	.001	2001.50	.01
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,177	4,659	44,896.76	9.64	.034	20.62	.32
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	88	235	28,545.59	121.47	.002	324.38	.21
PROSTHETICS	62	208	26,259.16	126.25	.002	423.53	.19
ORTHOTICS	27	27	2,286.43	84.68	.000	84.68	.02
PSYCHOLOGIST	1	6	360.00	60.00	.000	360.00	.00
SPEECH AND AUDIOLOGY	12	41	5,962.91	145.44	.000	496.91	.04
HOSPICE SERVICES	1	28	4,585.84	163.78	.000	4585.84	.03
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,457	23,075	257,237.81	11.15	.167	57.72	1.86
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	18	16,885	5,332.89	.32	.122	296.27	.04
@CALIF. CHILDREN SERVICES*	1,938	20,636	\$ 5,657,666.19	\$ 274.16	.149	\$ 2919.33	\$ 40.92
@XOVER EXCLUDING STATE HOSP**	75	440	\$ 24,399.34	\$ 55.45	.003	\$ 325.32	\$.18

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,089
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	212,474 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	131,667	2,480,750	\$	124,785,265.88	\$ 50.30	11.676	\$ 947.73	\$ 587.30
@PHYSICIANS SERVICES	19,913	89,830	\$	3,670,643.11	\$ 40.86	.423	\$ 184.33	\$ 17.28
OUTPATIENT VISITS	9,017	15,212		585,330.03	38.48	.072	64.91	2.75
OFFICE VISITS	3,951	5,217		192,886.09	36.97	.025	48.82	.91
HOME VISITS	17	18		789.50	43.86	.000	46.44	.00
EMERGENCY ROOM	4,221	4,855		274,485.12	56.54	.023	65.03	1.29
PREVENTIVE CARE	23	24		984.29	41.01	.000	42.80	.00
OB VISITS/COMPRE PERI	594	4,374		89,228.84	20.40	.021	150.22	.42
OTHER OUTPATIENT	568	724		26,956.19	37.23	.003	47.46	.13
INPATIENT VISITS	3,013	15,843		925,162.04	58.40	.075	307.06	4.35
HOSPITAL VISITS	2,693	13,040		551,604.70	42.30	.061	204.83	2.60
CRITICAL CARE	317	2,392		359,600.73	150.33	.011	1134.39	1.69
SNF/ICF/TRANS IP CARE	231	411		13,956.61	33.96	.002	60.42	.07
OPHTHALMOLOGICAL SERVICES	283	403		17,690.95	43.90	.002	62.51	.08
EXAMINATIONS	281	401		17,680.37	44.09	.002	62.92	.08
SERVICES AND MATERIALS	2	2		10.58	5.29	.000	5.29	.00
INPATIENT HOSPITAL SURGERY	2,220	12,559		1,021,426.84	81.33	.059	460.10	4.81
PRINCIPAL SURGEON	1,704	2,607		792,556.80	304.01	.012	465.12	3.73
ASSISTANT SURGEON	267	275		49,041.68	178.33	.001	183.68	.23
ANESTHESIOLOGIST	790	9,677		179,828.36	18.58	.046	227.63	.85
OUTPATIENT SURGERY	1,211	2,708		228,153.29	84.25	.013	188.40	1.07
PRINCIPAL SURGEON	1,043	1,347		188,079.53	139.63	.006	180.33	.89
ASSISTANT SURGEON	2	2		160.09	80.05	.000	80.05	.00
ANESTHESIOLOGIST	285	1,359		39,913.67	29.37	.006	140.05	.19
DIALYSIS	265	1,008		75,882.32	75.28	.005	286.35	.36
PATHOLOGY	2,636	13,055		89,163.45	6.83	.061	33.83	.42
RADIOLOGY	3,697	7,559		307,062.30	40.62	.036	83.06	1.45
PSYCHIATRY	4	5		131.27	26.25	.000	32.82	.00
IMMUNIZATION AND INJECTION	318	1,744		52,424.23	30.06	.008	164.86	.25
OTHER SERVICES/ALL X-OVERS	7,064	19,734		368,216.39	18.66	.093	52.13	1.73

@PHARMACY	49,522	366,127	\$	13,916,428.32	\$	38.01	1.723	\$	281.02	\$	65.50
PRESCRIPTION DRUGS	48,776	201,716		13,572,118.14		67.28	.949		278.25		63.88
SNF/ICF	14,617	89,868		4,891,216.17		54.43	.423		334.63		23.02
OUTPATIENTS	34,562	111,848		8,680,901.97		77.61	.526		251.17		40.86
MEDICAL SUPPLIES	3,457	164,411		344,310.18		2.09	.774		99.60		1.62
@DENTIST	21,037	110,942	\$	3,705,275.12	\$	33.40	.522	\$	176.13	\$	17.44
VISITS - DIAGNOSTIC	15,165	71,283		953,032.15		13.37	.335		62.84		4.49
ORAL SURGERY	3,073	7,216		413,099.63		57.25	.034		134.43		1.94
DRUGS	674	789		17,557.50		22.25	.004		26.05		.08
ANESTHESIA	100	100		9,500.00		95.00	.000		95.00		.04
PERIODONTICS	1,159	1,184		160,420.00		135.49	.006		138.41		.76
ENDODONTICS	1,594	2,800		372,635.75		133.08	.013		233.77		1.75
RESTORATIVE DENTISTRY	7,364	22,611		1,345,867.00		59.52	.106		182.76		6.33
PROSTHETICS	72	74		1,820.00		24.59	.000		25.28		.01
DENTURES, STAYPLATES	1,016	3,201		356,332.34		111.32	.015		350.72		1.68
SPACE MAINTAINERS	124	153		16,212.00		105.96	.001		130.74		.08

MAXILLOFACIAL SERVICES	28	28	1,280.00	45.71	.000	45.71	.01
FRACTURES, DISLOCATIONS	2	2	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	627	813	57,083.75	70.21	.004	91.04	.27
ALL OTHER SERVICES	510	688	435.00	.63	.003	.85	.00

#CALIF DEPT OF HEALTH SERV MOP024
CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

PAGE 2,090
01/29/04

212,474 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,414	4,138	\$ 87,675.71	\$ 21.19	.019	\$ 62.01	\$.41
DIAGNOSTIC AND ANC. PROCED	612	624	28,194.47	45.18	.003	46.07	.13
EYE APPLIANCES	1,081	3,314	54,575.91	16.47	.016	50.49	.26
OTHER OPTOMETRIC SERVICES	126	200	4,905.33	24.53	.001	38.93	.02
@CHIROPRACTOR	50	99	\$ 1,577.52	\$ 15.93	.000	\$ 31.55	\$.01
VISITS	49	93	1,554.96	16.72	.000	31.73	.01
OTHER SERVICES	1	6	22.56	3.76	.000	22.56	.00
@PODIATRIST	2,755	3,886	\$ 22,293.60	\$ 5.74	.018	\$ 8.09	\$.10
MEDICINE/INJECTIONS	75	88	2,859.44	32.49	.000	38.13	.01
SURGERY/ANES.	20	26	746.21	28.70	.000	37.31	.00
RADIO./PATHOLOGY	10	18	321.76	17.88	.000	32.18	.00
OTHER	2,677	3,754	18,366.19	4.89	.018	6.86	.09
@HOME HEALTH AGENCY	268	26,778	\$ 803,373.11	\$ 30.00	.126	\$ 2997.66	\$ 3.78
NURSE ANESTHESIST	140	376	\$ 13,802.90	\$ 36.71	.002	\$ 98.59	\$.06
NURSE MIDWIFE	3	5	\$ 1,394.87	\$ 278.97	.000	\$ 464.96	\$.01
PEDIATRIC NURSE PRACTITIONER	2	2	\$ 34.60	\$ 17.30	.000	\$ 17.30	\$.00
FAMILY NURSE PRACTITIONER	5	12	\$ 106.20	\$ 8.85	.000	\$ 21.24	\$.00
@TOTAL HOSPITAL	11,243	64,306	\$ 22,965,763.10	\$ 357.13	.303	\$ 2042.67	\$ 108.09
HOSP INPATIENT TOTAL	3,118	18,740	21,824,728.82	1164.61	.088	6999.59	102.72
HSC HOSPITALS	2,108	10,835	14,050,814.54	1296.80	.051	6665.47	66.13
NON-HSC HOSPITAL TOTAL	568	4,511	7,210,241.94	1598.37	.021	12694.09	33.93
ACCOMMODATIONS	567	4,511	2,296,787.45	509.15	.021	4050.77	10.81
ADMINISTRATIVE DAYS	86	1,509	323,109.30	214.12	.007	3757.08	1.52
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	493	3,002	1,973,678.15	657.45	.014	4003.40	9.29
ANCILLARIES	564	0	4,913,454.49	.00	.000	8711.80	23.12
INPATIENT CROSSOVERS	492	3,394	563,672.34	166.08	.016	1145.68	2.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8,549	45,566	1,141,034.28	25.04	.214	133.47	5.37
MEDICAL	1,522	2,365	105,157.29	44.46	.011	69.09	.49
SURGERY	559	658	24,368.12	37.03	.003	43.59	.11
PATHOLOGY	2,774	15,519	153,919.18	9.92	.073	55.49	.72
RADIOLOGY	2,062	3,334	256,598.91	76.96	.016	124.44	1.21
ROOM USE	4,708	6,107	224,275.09	36.72	.029	47.64	1.06
CROSSOVERS/ALL OTH OUTPTNT	4,359	17,583	376,715.69	21.42	.083	86.42	1.77
@COUNTY HOSPITAL TOTAL	1,418	6,690	\$ 5,685,223.46	\$ 849.81	.031	\$ 4009.33	\$ 26.76
CO HOSPITAL INPATIENT TOTAL	1,189	5,542	5,648,688.79	1019.25	.026	4750.79	26.59
HSC HOSPITALS	1,132	4,810	5,391,193.05	1120.83	.023	4762.54	25.37
NON-HSC HOSPITALS TOTAL	19	321	184,484.62	574.72	.002	9709.72	.87
ACCOMMODATIONS	19	321	72,238.10	225.04	.002	3802.01	.34
ADMINISTRATIVE DAYS	19	321	72,238.10	225.04	.002	3802.01	.34
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	19	0	112,246.52	.00	.000	5907.71	.53
INPATIENT CROSSOVERS	47	411	73,011.12	177.64	.002	1553.43	.34
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	243	1,148	36,534.67	31.82	.005	150.35	.17
MEDICAL	54	69	2,990.87	43.35	.000	55.39	.01
SURGERY	52	73	2,709.35	37.11	.000	52.10	.01
PATHOLOGY	91	456	7,381.22	16.19	.002	81.11	.03

RADIOLOGY	39	59	6,648.87	112.69	.000	170.48	.03
ROOM USE	140	220	10,007.43	45.49	.001	71.48	.05
CROSSOVERS/ALL OTH OUTPTNT	112	271	6,796.93	25.08	.001	60.69	.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,091
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

					----- MONTHLY AVERAGE -----			
212,474 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	9,906	57,616	\$ 17,280,539.64	\$ 299.93	.271	\$ 1744.45	\$ 81.33	
COMM HOSP INPATIENT TOTAL	1,956	13,198	16,176,040.03	1225.64	.062	8269.96	76.13	
HSC HOSPITALS	990	6,025	8,659,621.49	1437.28	.028	8747.09	40.76	
NON-HSC HOSPITALS TOTAL	551	4,190	7,025,757.32	1676.79	.020	12750.92	33.07	
ACCOMMODATIONS	550	4,190	2,224,549.35	530.92	.020	4044.64	10.47	
ADMINISTRATIVE DAYS	68	1,188	250,871.20	211.17	.006	3689.28	1.18	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	493	3,002	1,973,678.15	657.45	.014	4003.40	9.29	
ANCILLARIES	547	0	4,801,207.97	.00	.000	8777.35	22.60	
INPATIENT CROSSOVERS	447	2,983	490,661.22	164.49	.014	1097.68	2.31	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	8,318	44,418	1,104,499.61	24.87	.209	132.78	5.20	
MEDICAL	1,468	2,296	102,166.42	44.50	.011	69.60	.48	
SURGERY	507	585	21,658.77	37.02	.003	42.72	.10	
PATHOLOGY	2,686	15,063	146,537.96	9.73	.071	54.56	.69	
RADIOLOGY	2,024	3,275	249,950.04	76.32	.015	123.49	1.18	
ROOM USE	4,573	5,887	214,267.66	36.40	.028	46.85	1.01	
CROSSOVERS/ALL OTH OUTPTNT	4,249	17,312	369,918.76	21.37	.081	87.06	1.74	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	16,183	491,345	\$ 55,555,790.27	\$ 113.07	2.312	\$ 3432.97	\$ 261.47	
LEV A-INTERMEDIATE	23	870	53,146.27	61.09	.004	2310.71	.25	
LEV B-REHAB MD	224	6,874	778,830.86	113.30	.032	3476.92	3.67	
LEV B-SUBACUTE FREESTANDING	15	478	181,501.88	379.71	.002	12100.13	.85	
LEV B-SUBACUTE HSPTL BASED	112	4,096	1,806,050.86	440.93	.019	16125.45	8.50	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	15,825	479,027	52,736,260.40	110.09	2.255	3332.47	248.20	
@INTERMEDIATE CARE FACIL.-DD	565	17,282	\$ 2,451,904.09	\$ 141.88	.081	\$ 4339.65	\$ 11.54	
ICF DDH	468	14,505	1,969,113.65	135.75	.068	4207.51	9.27	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	97	2,777	482,790.44	173.85	.013	4977.22	2.27	
@HEMODIALYSIS TOTAL	731	12,754	\$ 781,557.34	\$ 61.28	.060	\$ 1069.16	\$ 3.68	
HOSPITAL BASED	8	80	31,545.78	394.32	.000	3943.22	.15	
HEMODIALYSIS CENTER	723	12,674	750,011.56	59.18	.060	1037.36	3.53	
@REHABILITATION FACILITY	142	1,487	\$ 23,530.15	\$ 15.82	.007	\$ 165.71	\$.11	
HOSPITAL BASED	65	180	8,224.61	45.69	.001	126.53	.04	
INDEPENDENT FACILITY	77	1,307	15,305.54	11.71	.006	198.77	.07	
@LABORATORY FACILITY	2,661	10,549	\$ 143,203.62	\$ 13.58	.050	\$ 53.82	\$.67	
PATHOLOGY	2,620	10,480	142,362.97	13.58	.049	54.34	.67	
XO AND OTHERS	42	69	840.65	12.18	.000	20.02	.00	
@ORGANIZED OUTPATIENT CLINIC	47,872	81,404	\$ 17,215,357.59	\$ 211.48	.383	\$ 359.61	\$ 81.02	
CLINIC	2,167	11,336	310,664.69	27.41	.053	143.36	1.46	
SURGICENTER	48	163	12,914.85	79.23	.001	269.06	.06	
HEROIN DETOX CLINIC	7	99	1,140.83	11.52	.000	162.98	.01	
RURAL HEALTH CLINIC	45,837	69,806	16,890,637.22	241.97	.329	368.49	79.50	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,092
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

					----- MONTHLY AVERAGE -----			
212,474 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	15,614	1,199,428	\$	3,425,554.66	\$ 2.86	5.645	\$ 219.39	\$ 16.12
DURABLE MED. EQUIP.	914	6,501		567,689.39	87.32	.031	621.10	2.67
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	78	107		40,135.65	375.10	.001	514.56	.19
MEDICAL TRANSPORTATION	2,483	67,011		473,328.77	7.06	.315	190.63	2.23
AMBULANCES/AIR TRANS	1,283	13,431		199,658.89	14.87	.063	155.62	.94
OTHER TRANS	1,157	52,930		226,210.81	4.27	.249	195.51	1.06
OTHER SERVICES	146	650		47,459.07	73.01	.003	325.06	.22
ACUPUNCTURE	145	523		9,395.18	17.96	.002	64.79	.04
ADULT DAY HEALTH CARE CTR	161	2,096		145,610.46	69.47	.010	904.41	.69
GENETIC DISEASE TESTING	643	643		65,644.50	102.09	.003	102.09	.31
IHMC,MODEL-NF,NF,AIDS,MSSP	131	11,959		326,673.58	27.32	.056	2493.69	1.54
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	3,498	7,814		83,968.01	10.75	.037	24.00	.40
PHYSICAL THERAPIST	1	2		11.09	5.55	.000	11.09	.00
PORTABLE X-RAY	245	438		2,067.10	4.72	.002	8.44	.01
PROSTHETIST/ORTHOTISTS	179	555		65,317.56	117.69	.003	364.90	.31
PROSTHETICS	148	523		62,663.14	119.81	.002	423.40	.29
ORTHOTICS	32	32		2,654.42	82.95	.000	82.95	.01
PSYCHOLOGIST	74	175		2,946.21	16.84	.001	39.81	.01
SPEECH AND AUDIOLOGY	336	787		92,831.91	117.96	.004	276.29	.44
HOSPICE SERVICES	290	7,763		939,229.25	120.99	.037	3238.72	4.42
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,931	37,552		370,003.36	9.85	.177	75.04	1.74
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,192	1,055,502		240,702.64	.23	4.968	109.81	1.13
@CALIF. CHILDREN SERVICES*	2,191	36,932	\$	6,027,586.84	\$ 163.21	.174	\$ 2751.07	\$ 28.37
@XOVER EXCLUDING STATE HOSP**	10,782	205,017	\$	2,293,362.33	\$ 11.19	.965	\$ 212.70	\$ 10.79

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,093
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W	

	20,984 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9,444	76,958	\$	3,341,073.54	\$ 43.41	3.667	\$ 353.78	\$ 159.22
@PHYSICIANS SERVICES	1,891	5,348	\$	217,955.91	\$ 40.75	.255	\$ 115.26	\$ 10.39
OUTPATIENT VISITS	1,425	1,858		71,244.49	38.34	.089	50.00	3.40
OFFICE VISITS	951	1,170		40,643.66	34.74	.056	42.74	1.94
HOME VISITS	2	2		50.40	25.20	.000	25.20	.00
EMERGENCY ROOM	421	459		23,657.15	51.54	.022	56.19	1.13
PREVENTIVE CARE	16	17		772.35	45.43	.001	48.27	.04
OB VISITS/COMPRE PERI	19	135		3,498.78	25.92	.006	184.15	.17
OTHER OUTPATIENT	69	75		2,622.15	34.96	.004	38.00	.12
INPATIENT VISITS	133	746		45,585.41	61.11	.036	342.75	2.17
HOSPITAL VISITS	108	529		23,184.01	43.83	.025	214.67	1.10
CRITICAL CARE	31	175		20,785.40	118.77	.008	670.50	.99
SNF/ICF/TRANS IP CARE	9	42		1,616.00	38.48	.002	179.56	.08
OPHTHALMOLOGICAL SERVICES	18	20		872.40	43.62	.001	48.47	.04
EXAMINATIONS	17	19		867.11	45.64	.001	51.01	.04
SERVICES AND MATERIALS	1	1		5.29	5.29	.000	5.29	.00
INPATIENT HOSPITAL SURGERY	64	1,097		41,271.10	37.62	.052	644.86	1.97
PRINCIPAL SURGEON	42	74		32,586.43	440.36	.004	775.87	1.55
ASSISTANT SURGEON	2	2		346.97	173.49	.000	173.49	.02
ANESTHESIOLOGIST	33	1,021		8,337.70	8.17	.049	252.66	.40

OUTPATIENT SURGERY	130	245		22,880.67		93.39	.012	176.01	1.09
PRINCIPAL SURGEON	115	132		19,149.60		145.07	.006	166.52	.91
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	37	113		3,731.07		33.02	.005	100.84	.18
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	210	482		3,294.36		6.83	.023	15.69	.16
RADIOLOGY	270	465		20,845.98		44.83	.022	77.21	.99
PSYCHIATRY	1	1		47.72		47.72	.000	47.72	.00
IMMUNIZATION AND INJECTION	64	115		1,527.71		13.28	.005	23.87	.07
OTHER SERVICES/ALL X-OVERS	202	319		10,386.07		32.56	.015	51.42	.49
@PHARMACY	2,890	16,809	\$	373,931.22	\$	22.25	.801	\$ 129.39	\$ 17.82
PRESCRIPTION DRUGS	2,875	5,823		365,013.95		62.68	.277	126.96	17.39
SNF/ICF	26	180		15,376.31		85.42	.009	591.40	.73
OUTPATIENTS	2,850	5,643		349,637.64		61.96	.269	122.68	16.66
MEDICAL SUPPLIES	82	10,986		8,917.27		.81	.524	108.75	.42
@DENTIST	1,122	6,273	\$	180,886.20	\$	28.84	.299	\$ 161.22	\$ 8.62
VISITS - DIAGNOSTIC	868	4,383		64,735.70		14.77	.209	74.58	3.09
ORAL SURGERY	106	225		15,046.50		66.87	.011	141.95	.72
DRUGS	39	42		865.00		20.60	.002	22.18	.04
ANESTHESIA	5	6		600.00		100.00	.000	120.00	.03
PERIODONTICS	19	21		2,375.00		113.10	.001	125.00	.11
ENDODONTICS	66	110		16,443.00		149.48	.005	249.14	.78
RESTORATIVE DENTISTRY	413	1,385		75,096.00		54.22	.066	181.83	3.58
PROSTHETICS	4	4		120.00		30.00	.000	30.00	.01
DENTURES, STAYPLATES	1	2		65.00		32.50	.000	65.00	.00
SPACE MAINTAINERS	7	8		560.00		70.00	.000	80.00	.03
MAXILLOFACIAL SERVICES	3	3		150.00		50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	45	56		4,830.00		86.25	.003	107.33	.23
ALL OTHER SERVICES	24	28		.00		.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,094
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W								

20,984 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			COST PER ELIGIBLE
						UNITS/DAYS PER ELIG	COST PER USER		
@OPTOMETRIST	112	268	\$	6,587.54	\$ 24.58	.013	\$ 58.82	\$	.31
DIAGNOSTIC AND ANC. PROCED	74	74		3,436.72	46.44	.004	46.44		.16
EYE APPLIANCES	72	189		2,752.90	14.57	.009	38.23		.13
OTHER OPTOMETRIC SERVICES	5	5		397.92	79.58	.000	79.58		.02
@CHIROPRACTOR	3	4	\$	66.88	\$ 16.72	.000	\$ 22.29	\$	.00
VISITS	3	4		66.88	16.72	.000	22.29		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	10	26	\$	1,146.78	\$ 44.11	.001	\$ 114.68	\$	.05
MEDICINE/INJECTIONS	9	12		454.08	37.84	.001	50.45		.02
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	3	5		86.50	17.30	.000	28.83		.00
OTHER	5	9		606.20	67.36	.000	121.24		.03
@HOME HEALTH AGENCY	3	12	\$	853.59	\$ 71.13	.001	\$ 284.53	\$	.04
NURSE ANESTHESIST	4	6	\$	319.69	\$ 53.28	.000	\$ 79.92	\$	.02
NURSE MIDWIFE	2	3	\$	760.82	\$ 253.61	.000	\$ 380.41	\$	.04
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$	.00
FAMILY NURSE PRACTITIONER	1	1	\$	75.17	\$ 75.17	.000	\$ 75.17	\$	.00
@TOTAL HOSPITAL	973	3,879	\$	1,096,073.52	\$ 282.57	.185	\$ 1126.49	\$	52.23
HOSP INPATIENT TOTAL	110	578		1,002,596.84	1734.60	.028	9114.52		47.78
HSC HOSPITALS	88	411		626,707.30	1524.84	.020	7121.67		29.87
NON-HSC HOSPITAL TOTAL	22	167		375,889.54	2250.84	.008	17085.89		17.91
ACCOMMODATIONS	22	167		105,134.51	629.55	.008	4778.84		5.01
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00

ALL OTHER ACCOM	22	167	105,134.51	629.55	.008	4778.84	5.01
ANCILLARIES	22	0	270,755.03	.00	.000	12307.05	12.90
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	888	3,301	93,476.68	28.32	.157	105.27	4.45
MEDICAL	168	275	12,274.36	44.63	.013	73.06	.58
SURGERY	79	93	3,118.39	33.53	.004	39.47	.15
PATHOLOGY	259	1,128	14,508.48	12.86	.054	56.02	.69
RADIOLOGY	202	256	14,100.38	55.08	.012	69.80	.67
ROOM USE	708	904	34,789.53	38.48	.043	49.14	1.66
CROSSOVERS/ALL OTH OUTPTNT	316	645	14,685.54	22.77	.031	46.47	.70
@COUNTY HOSPITAL TOTAL	53	204	\$ 119,847.41	\$ 587.49	.010	\$ 2261.27	\$ 5.71
CO HOSPITAL INPATIENT TOTAL	29	103	116,835.16	1134.32	.005	4028.80	5.57
HSC HOSPITALS	29	103	116,835.16	1134.32	.005	4028.80	5.57
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	25	101	3,012.25	29.82	.005	120.49	.14
MEDICAL	14	15	485.67	32.38	.001	34.69	.02
SURGERY	4	6	141.22	23.54	.000	35.31	.01
PATHOLOGY	5	29	480.43	16.57	.001	96.09	.02
RADIOLOGY	4	4	161.26	40.32	.000	40.32	.01
ROOM USE	19	28	1,207.68	43.13	.001	63.56	.06
CROSSOVERS/ALL OTH OUTPTNT	9	19	535.99	28.21	.001	59.55	.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,095
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

20,984 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	926	3,675	\$ 976,226.11	\$ 265.64	.175	\$ 1054.24	\$ 46.52
COMM HOSP INPATIENT TOTAL	82	475	885,761.68	1864.76	.023	10801.97	42.21
HSC HOSPITALS	60	308	509,872.14	1655.43	.015	8497.87	24.30
NON-HSC HOSPITALS TOTAL	22	167	375,889.54	2250.84	.008	17085.89	17.91
ACCOMMODATIONS	22	167	105,134.51	629.55	.008	4778.84	5.01
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	167	105,134.51	629.55	.008	4778.84	5.01
ANCILLARIES	22	0	270,755.03	.00	.000	12307.05	12.90
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	867	3,200	90,464.43	28.27	.152	104.34	4.31
MEDICAL	157	260	11,788.69	45.34	.012	75.09	.56
SURGERY	75	87	2,977.17	34.22	.004	39.70	.14
PATHOLOGY	254	1,099	14,028.05	12.76	.052	55.23	.67
RADIOLOGY	198	252	13,939.12	55.31	.012	70.40	.66
ROOM USE	693	876	33,581.85	38.34	.042	48.46	1.60
CROSSOVERS/ALL OTH OUTPTNT	307	626	14,149.55	22.60	.030	46.09	.67
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	9	258	\$ 106,208.28	\$ 411.66	.012	\$ 11800.92	\$ 5.06
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	9	258	106,208.28	411.66	.012	11800.92	5.06
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	16	237	\$ 3,554.20	\$ 15.00	.011	\$ 222.14	\$.17
HOSPITAL BASED	5	10	469.80	46.98	.000	93.96	.02
INDEPENDENT FACILITY	11	227	3,084.40	13.59	.011	280.40	.15
@LABORATORY FACILITY	232	561	\$ 8,687.16	\$ 15.49	.027	\$ 37.44	\$.41
PATHOLOGY	232	561	8,687.16	15.49	.027	37.44	.41
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	3,802	5,466	\$	1,243,524.17	\$	227.50	.260	\$	327.07	\$	59.26
CLINIC	183	888		24,325.12		27.39	.042		132.92		1.16
SURGICENTER	1	8		284.68		35.59	.000		284.68		.01
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3,632	4,570		1,218,914.37		266.72	.218		335.60		58.09

#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

PAGE 2,096 01/29/04

20,984 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	572	37,807	\$ 100,442.41	\$ 2.66	1.802	\$ 175.60	\$ 4.79
DURABLE MED. EQUIP.	39	140	29,613.82	211.53	.007	759.33	1.41
BLOOD BANK	3	1,056	3,168.00	3.00	.050	1056.00	.15
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	104	1,564	28,230.06	18.05	.075	271.44	1.35
AMBULANCES/AIR TRANS	104	1,558	17,430.06	11.19	.074	167.60	.83
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	6	6	10,800.00	1800.00	.000	1800.00	.51
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	46	46	4,780.00	103.91	.002	103.91	.23
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	151	314	2,695.95	8.59	.015	17.85	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	15	79	7,392.12	93.57	.004	492.81	.35
PROSTHETICS	14	78	7,348.04	94.21	.004	524.86	.35
ORTHOTICS	1	1	44.08	44.08	.000	44.08	.00
PSYCHOLOGIST	4	32	1,823.35	56.98	.002	455.84	.09
SPEECH AND AUDIOLOGY	5	50	2,180.94	43.62	.002	436.19	.10
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	180	1,365	15,098.70	11.06	.065	83.88	.72
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	35	33,161	5,459.47	.16	1.580	155.98	.26
@CALIF. CHILDREN SERVICES*	269	2,648	\$ 578,624.22	\$ 218.51	.126	\$ 2151.02	\$ 27.57
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,097 01/29/04
	FEE-FOR-SERVICE/DENTAL	
	SUMMARY OF SERVICES FOR MIC - SOC	

255 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	332	2,259	\$ 480,880.36	\$ 212.87	8.859	\$ 1448.43	\$ 1885.81
@PHYSICIANS SERVICES	156	935	\$ 38,749.56	\$ 41.44	3.667	\$ 248.39	\$ 151.96
OUTPATIENT VISITS	65	71	3,792.19	53.41	.278	58.34	14.87
OFFICE VISITS	5	8	249.81	31.23	.031	49.96	.98
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	55	58	3,366.60	58.04	.227	61.21	13.20
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5	175.78	35.16	.020	35.16	.69
INPATIENT VISITS	49	305	19,990.66	65.54	1.196	407.97	78.39

HOSPITAL VISITS	48	238		10,472.73		44.00	.933	218.18	41.07
CRITICAL CARE	13	67		9,517.93		142.06	.263	732.15	37.33
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	32	150		8,036.42		53.58	.588	251.14	31.52
PRINCIPAL SURGEON	24	38		5,665.57		149.09	.149	236.07	22.22
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	14	112		2,370.85		21.17	.439	169.35	9.30
OUTPATIENT SURGERY	12	14		822.27		58.73	.055	68.52	3.22
PRINCIPAL SURGEON	12	14		822.27		58.73	.055	68.52	3.22
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	28	189		943.65		4.99	.741	33.70	3.70
RADIOLOGY	45	174		3,639.85		20.92	.682	80.89	14.27
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	21	32		1,524.52		47.64	.125	72.60	5.98
@PHARMACY	18	41	\$	1,473.08	\$	35.93	.161	81.84	5.78
PRESCRIPTION DRUGS	18	38		1,407.38		37.04	.149	78.19	5.52
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	18	38		1,407.38		37.04	.149	78.19	5.52
MEDICAL SUPPLIES	1	3		65.70		21.90	.012	65.70	.26
@DENTIST	20	94	\$	921.00	\$	9.80	.369	46.05	3.61
VISITS - DIAGNOSTIC	16	67		169.00		2.52	.263	10.56	.66
ORAL SURGERY	1	1		.00		.00	.004	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	3	4		71.00		17.75	.016	23.67	.28
RESTORATIVE DENTISTRY	10	21		611.00		29.10	.082	61.10	2.40
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		70.00		70.00	.004	70.00	.27
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,098
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MIC - SOC								
				AID CODE 83					
				----- MONTHLY AVERAGE -----					
255 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@OPTOMETRIST	2	5	\$ 134.75	\$ 26.95	.020	\$ 67.38	\$.53		
DIAGNOSTIC AND ANC. PROCED	2	2	91.90	45.95	.008	45.95	.36		
EYE APPLIANCES	1	3	42.85	14.28	.012	42.85	.17		
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00		
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	0	0	.00	.00	.000	.00	.00		
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00		
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00		

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	106	644	\$	405,375.22	\$	629.46	2.525	\$	3824.29	\$	1589.71
HOSP INPATIENT TOTAL	37	259		398,260.80		1537.69	1.016		10763.81		1561.81
HSC HOSPITALS	29	213		340,211.00		1597.23	.835		11731.41		1334.16
NON-HSC HOSPITAL TOTAL	9	46		58,049.80		1261.95	.180		6449.98		227.65
ACCOMMODATIONS	9	46		12,566.90		273.19	.180		1396.32		49.28
ADMINISTRATIVE DAYS	2	25		4,525.57		181.02	.098		2262.79		17.75
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	21		8,041.33		382.92	.082		1148.76		31.53
ANCILLARIES	9	0		45,482.90		.00	.000		5053.66		178.36
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	71	385		7,114.42		18.48	1.510		100.20		27.90
MEDICAL	19	27		1,198.82		44.40	.106		63.10		4.70
SURGERY	15	14		158.13		11.30	.055		10.54		.62
PATHOLOGY	29	149		1,219.79		8.19	.584		42.06		4.78
RADIOLOGY	30	40		1,720.02		43.00	.157		57.33		6.75
ROOM USE	63	71		1,903.99		26.82	.278		30.22		7.47
CROSSOVERS/ALL OTH OUTPTNT	41	84		913.67		10.88	.329		22.28		3.58
@COUNTY HOSPITAL TOTAL	15	36	\$	19,769.00	\$	549.14	.141	\$	1317.93	\$	77.53
CO HOSPITAL INPATIENT TOTAL	15	36		19,769.00		549.14	.141		1317.93		77.53
HSC HOSPITALS	15	36		19,769.00		549.14	.141		1317.93		77.53
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,099
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MIC - SOC										AID CODE 83

255 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	91	608	\$ 385,606.22	\$ 634.22	2.384	\$ 4237.43	\$ 1512.18
COMM HOSP INPATIENT TOTAL	22	223	378,491.80	1697.27	.875	17204.17	1484.28
HSC HOSPITALS	14	177	320,442.00	1810.41	.694	22888.71	1256.64
NON-HSC HOSPITALS TOTAL	9	46	58,049.80	1261.95	.180	6449.98	227.65
ACCOMMODATIONS	9	46	12,566.90	273.19	.180	1396.32	49.28
ADMINISTRATIVE DAYS	2	25	4,525.57	181.02	.098	2262.79	17.75
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	21	8,041.33	382.92	.082	1148.76	31.53
ANCILLARIES	9	0	45,482.90	.00	.000	5053.66	178.36
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	71	385	7,114.42	18.48	1.510	100.20	27.90
MEDICAL	19	27	1,198.82	44.40	.106	63.10	4.70
SURGERY	15	14	158.13	11.30	.055	10.54	.62
PATHOLOGY	29	149	1,219.79	8.19	.584	42.06	4.78

RADIOLOGY	30	40		1,720.02		43.00	.157	57.33	6.75
ROOM USE	63	71		1,903.99		26.82	.278	30.22	7.47
CROSSOVERS/ALL OTH OUTPTNT	41	84		913.67		10.88	.329	22.28	3.58
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	1	2	\$	96.96	\$	48.48	.008	\$ 96.96	\$.38
HOSPITAL BASED	1	2		96.96		48.48	.008	96.96	.38
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	27.08	\$	27.08	.004	\$ 27.08	\$.11
PATHOLOGY	1	1		27.08		27.08	.004	27.08	.11
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	72	100	\$	26,569.86	\$	265.70	.392	\$ 369.03	\$ 104.20
CLINIC	1	10		390.78		39.08	.039	390.78	1.53
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	71	90		26,179.08		290.88	.353	368.72	102.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,100
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MIC - SOC								AID CODE 83

255 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	27	437	\$ 7,532.85	\$ 17.24	1.714	\$ 278.99	\$ 29.54
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	206	7,013.18	34.04	.808	412.54	27.50
AMBULANCES/AIR TRANS	17	204	3,413.18	16.73	.800	200.78	13.39
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.008	1800.00	14.12
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.008	16.64	.07
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	144.76	72.38	.008	144.76	.57
PROSTHETICS	1	2	144.76	72.38	.008	144.76	.57
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	17	203.18	11.95	.067	29.03	.80
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	210	155.09	.74	.824	155.09	.61
@CALIF. CHILDREN SERVICES*	14	205	\$ 43,080.53	\$ 210.15	.804	\$ 3077.18	\$ 168.94
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,101
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL								

21,239 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	9,776	79,217	\$	3,821,953.90	\$	48.25	3.730	\$	390.95	\$	179.95
@PHYSICIANS SERVICES	2,047	6,283	\$	256,705.47	\$	40.86	.296	\$	125.41	\$	12.09
OUTPATIENT VISITS	1,490	1,929		75,036.68		38.90	.091		50.36		3.53
OFFICE VISITS	956	1,178		40,893.47		34.71	.055		42.78		1.93
HOME VISITS	2	2		50.40		25.20	.000		25.20		.00
EMERGENCY ROOM	476	517		27,023.75		52.27	.024		56.77		1.27
PREVENTIVE CARE	16	17		772.35		45.43	.001		48.27		.04
OB VISITS/COMPRE PERI	19	135		3,498.78		25.92	.006		184.15		.16
OTHER OUTPATIENT	74	80		2,797.93		34.97	.004		37.81		.13
INPATIENT VISITS	182	1,051		65,576.07		62.39	.049		360.31		3.09
HOSPITAL VISITS	156	767		33,656.74		43.88	.036		215.75		1.58
CRITICAL CARE	44	242		30,303.33		125.22	.011		688.71		1.43
SNF/ICF/TRANS IP CARE	9	42		1,616.00		38.48	.002		179.56		.08
OPHTHALMOLOGICAL SERVICES	18	20		872.40		43.62	.001		48.47		.04
EXAMINATIONS	17	19		867.11		45.64	.001		51.01		.04
SERVICES AND MATERIALS	1	1		5.29		5.29	.000		5.29		.00
INPATIENT HOSPITAL SURGERY	96	1,247		49,307.52		39.54	.059		513.62		2.32
PRINCIPAL SURGEON	66	112		38,252.00		341.54	.005		579.58		1.80
ASSISTANT SURGEON	2	2		346.97		173.49	.000		173.49		.02
ANESTHESIOLOGIST	47	1,133		10,708.55		9.45	.053		227.84		.50
OUTPATIENT SURGERY	142	259		23,702.94		91.52	.012		166.92		1.12
PRINCIPAL SURGEON	127	146		19,971.87		136.79	.007		157.26		.94
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	37	113		3,731.07		33.02	.005		100.84		.18
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	238	671		4,238.01		6.32	.032		17.81		.20
RADIOLOGY	315	639		24,485.83		38.32	.030		77.73		1.15
PSYCHIATRY	1	1		47.72		47.72	.000		47.72		.00
IMMUNIZATION AND INJECTION	64	115		1,527.71		13.28	.005		23.87		.07
OTHER SERVICES/ALL X-OVERS	223	351		11,910.59		33.93	.017		53.41		.56
@PHARMACY	2,908	16,850	\$	375,404.30	\$	22.28	.793	\$	129.09	\$	17.68
PRESCRIPTION DRUGS	2,893	5,861		366,421.33		62.52	.276		126.66		17.25
SNF/ICF	26	180		15,376.31		85.42	.008		591.40		.72
OUTPATIENTS	2,868	5,681		351,045.02		61.79	.267		122.40		16.53
MEDICAL SUPPLIES	83	10,989		8,982.97		.82	.517		108.23		.42
@DENTIST	1,142	6,367	\$	181,807.20	\$	28.55	.300	\$	159.20	\$	8.56
VISITS - DIAGNOSTIC	884	4,450		64,904.70		14.59	.210		73.42		3.06
ORAL SURGERY	107	226		15,046.50		66.58	.011		140.62		.71
DRUGS	39	42		865.00		20.60	.002		22.18		.04
ANESTHESIA	5	6		600.00		100.00	.000		120.00		.03
PERIODONTICS	19	21		2,375.00		113.10	.001		125.00		.11
ENDODONTICS	69	114		16,514.00		144.86	.005		239.33		.78
RESTORATIVE DENTISTRY	423	1,406		75,707.00		53.85	.066		178.98		3.56
PROSTHETICS	4	4		120.00		30.00	.000		30.00		.01
DENTURES, STAYPLATES	1	2		65.00		32.50	.000		65.00		.00
SPACE MAINTAINERS	7	8		560.00		70.00	.000		80.00		.03
MAXILLOFACIAL SERVICES	3	3		150.00		50.00	.000		50.00		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	46	57		4,900.00		85.96	.003		106.52		.23
ALL OTHER SERVICES	24	28		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,102
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL										
21,239 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE					
		OR DAYS OF CARE			PER UNIT/DAY	UNITS/DAYS	COST PER			COST PER	
@OPTOMETRIST	114	273	\$	6,722.29	\$	24.62	.013	\$	58.97	\$	.32
DIAGNOSTIC AND ANC. PROCED	76	76		3,528.62		46.43	.004		46.43		.17
EYE APPLIANCES	73	192		2,795.75		14.56	.009		38.30		.13
OTHER OPTOMETRIC SERVICES	5	5		397.92		79.58	.000		79.58		.02

@CHIROPRACTOR	3	4	\$	66.88	\$	16.72	.000	\$	22.29	\$	.00
VISITS	3	4		66.88		16.72	.000		22.29		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	10	26	\$	1,146.78	\$	44.11	.001	\$	114.68	\$	.05
MEDICINE/INJECTIONS	9	12		454.08		37.84	.001		50.45		.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	3	5		86.50		17.30	.000		28.83		.00
OTHER	5	9		606.20		67.36	.000		121.24		.03
@HOME HEALTH AGENCY	3	12	\$	853.59	\$	71.13	.001	\$	284.53	\$	.04
NURSE ANESTHESIST	4	6	\$	319.69	\$	53.28	.000	\$	79.92	\$	.02
NURSE MIDWIFE	2	3	\$	760.82	\$	253.61	.000	\$	380.41	\$	.04
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	1	\$	75.17	\$	75.17	.000	\$	75.17	\$	.00
@TOTAL HOSPITAL	1,079	4,523	\$	1,501,448.74	\$	331.96	.213	\$	1391.52	\$	70.69
HOSP INPATIENT TOTAL	147	837		1,400,857.64		1673.67	.039		9529.64		65.96
HSC HOSPITALS	117	624		966,918.30		1549.55	.029		8264.26		45.53
NON-HSC HOSPITAL TOTAL	31	213		433,939.34		2037.27	.010		13998.04		20.43
ACCOMMODATIONS	31	213		117,701.41		552.59	.010		3796.82		5.54
ADMINISTRATIVE DAYS	2	25		4,525.57		181.02	.001		2262.79		.21
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	29	188		113,175.84		602.00	.009		3902.62		5.33
ANCILLARIES	31	0		316,237.93		.00	.000		10201.22		14.89
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	959	3,686		100,591.10		27.29	.174		104.89		4.74
MEDICAL	187	302		13,473.18		44.61	.014		72.05		.63
SURGERY	94	107		3,276.52		30.62	.005		34.86		.15
PATHOLOGY	288	1,277		15,728.27		12.32	.060		54.61		.74
RADIOLOGY	232	296		15,820.40		53.45	.014		68.19		.74
ROOM USE	771	975		36,693.52		37.63	.046		47.59		1.73
CROSSOVERS/ALL OTH OUTPTNT	357	729		15,599.21		21.40	.034		43.70		.73
@COUNTY HOSPITAL TOTAL	68	240	\$	139,616.41	\$	581.74	.011	\$	2053.18	\$	6.57
CO HOSPITAL INPATIENT TOTAL	44	139		136,604.16		982.76	.007		3104.64		6.43
HSC HOSPITALS	44	139		136,604.16		982.76	.007		3104.64		6.43
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	25	101		3,012.25		29.82	.005		120.49		.14
MEDICAL	14	15		485.67		32.38	.001		34.69		.02
SURGERY	4	6		141.22		23.54	.000		35.31		.01
PATHOLOGY	5	29		480.43		16.57	.001		96.09		.02
RADIOLOGY	4	4		161.26		40.32	.000		40.32		.01
ROOM USE	19	28		1,207.68		43.13	.001		63.56		.06
CROSSOVERS/ALL OTH OUTPTNT	9	19		535.99		28.21	.001		59.55		.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,103
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
21,239 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	1,017	4,283	\$ 1,361,832.33	\$ 317.96	.202	\$ 1339.07	\$ 64.12
COMM HOSP INPATIENT TOTAL	104	698	1,264,253.48	1811.25	.033	12156.28	59.53
HSC HOSPITALS	74	485	830,314.14	1711.99	.023	11220.46	39.09
NON-HSC HOSPITALS TOTAL	31	213	433,939.34	2037.27	.010	13998.04	20.43
ACCOMMODATIONS	31	213	117,701.41	552.59	.010	3796.82	5.54

ADMINISTRATIVE DAYS	2	25	4,525.57	181.02	.001	2262.79	.21
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	29	188	113,175.84	602.00	.009	3902.62	5.33
ANCILLARIES	31	0	316,237.93	.00	.000	10201.22	14.89
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	938	3,585	97,578.85	27.22	.169	104.03	4.59
MEDICAL	176	287	12,987.51	45.25	.014	73.79	.61
SURGERY	90	101	3,135.30	31.04	.005	34.84	.15
PATHOLOGY	283	1,248	15,247.84	12.22	.059	53.88	.72
RADIOLOGY	228	292	15,659.14	53.63	.014	68.68	.74
ROOM USE	756	947	35,485.84	37.47	.045	46.94	1.67
CROSSOVERS/ALL OTH OUTPTNT	348	710	15,063.22	21.22	.033	43.29	.71
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	9	258	106,208.28	411.66	.012	11800.92	5.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	9	258	106,208.28	411.66	.012	11800.92	5.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	17	239	3,651.16	15.28	.011	214.77	.17
HOSPITAL BASED	6	12	566.76	47.23	.001	94.46	.03
INDEPENDENT FACILITY	11	227	3,084.40	13.59	.011	280.40	.15
@LABORATORY FACILITY	233	562	8,714.24	15.51	.026	37.40	.41
PATHOLOGY	233	562	8,714.24	15.51	.026	37.40	.41
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3,874	5,566	1,270,094.03	228.19	.262	327.85	59.80
CLINIC	184	898	24,715.90	27.52	.042	134.33	1.16
SURGICENTER	1	8	284.68	35.59	.000	284.68	.01
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3,703	4,660	1,245,093.45	267.19	.219	336.24	58.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,104
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL						

						----- MONTHLY AVERAGE -----			
21,239 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	599	38,244	\$	107,975.26	\$ 2.82	1.801	\$ 180.26	\$ 5.08	
DURABLE MED. EQUIP.	39	140		29,613.82	211.53	.007	759.33	1.39	
BLOOD BANK	3	1,056		3,168.00	3.00	.050	1056.00	.15	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	121	1,770		35,243.24	19.91	.083	291.27	1.66	
AMBULANCES/AIR TRANS	121	1,762		20,843.24	11.83	.083	172.26	.98	
OTHER TRANS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	8	8		14,400.00	1800.00	.000	1800.00	.68	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	46	46		4,780.00	103.91	.002	103.91	.23	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	

OPTICIAN	152	316	2,712.59	8.58	.015	17.85	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	16	81	7,536.88	93.05	.004	471.06	.35
PROSTHETICS	15	80	7,492.80	93.66	.004	499.52	.35
ORTHOTICS	1	1	44.08	44.08	.000	44.08	.00
PSYCHOLOGIST	4	32	1,823.35	56.98	.002	455.84	.09
SPEECH AND AUDIOLOGY	5	50	2,180.94	43.62	.002	436.19	.10
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	187	1,382	15,301.88	11.07	.065	81.83	.72
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	36	33,371	5,614.56	.17	1.571	155.96	.26
@CALIF. CHILDREN SERVICES*	283	2,853	\$ 621,704.75	\$ 217.91	.134	\$ 2196.84	\$ 29.27

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,105
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$	.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000		.00	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

MOP024
CONTRA COSTA COUNT

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,108
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81						

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,109
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86

1,072 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,092	6,902	\$ 703,487.35	\$ 101.93	6.438	\$ 644.22	\$ 656.24
@PHYSICIANS SERVICES	432	2,087	\$ 88,506.32	\$ 42.41	1.947	\$ 204.88	\$ 82.56
OUTPATIENT VISITS	214	805	21,919.74	27.23	.751	102.43	20.45
OFFICE VISITS	41	47	2,243.61	47.74	.044	54.72	2.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	97	113	6,382.95	56.49	.105	65.80	5.95
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	82	635	13,029.49	20.52	.592	158.90	12.15
OTHER OUTPATIENT	10	10	263.69	26.37	.009	26.37	.25
INPATIENT VISITS	75	189	9,681.15	51.22	.176	129.08	9.03
HOSPITAL VISITS	73	176	7,112.96	40.41	.164	97.44	6.64
CRITICAL CARE	3	13	2,568.19	197.55	.012	856.06	2.40
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.001	57.79	.05
EXAMINATIONS	1	1	57.79	57.79	.001	57.79	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	88	344	32,498.49	94.47	.321	369.30	30.32
PRINCIPAL SURGEON	60	76	23,983.68	315.57	.071	399.73	22.37
ASSISTANT SURGEON	8	8	1,338.94	167.37	.007	167.37	1.25
ANESTHESIOLOGIST	43	260	7,175.87	27.60	.243	166.88	6.69
OUTPATIENT SURGERY	57	117	9,846.08	84.15	.109	172.74	9.18
PRINCIPAL SURGEON	55	72	8,265.73	114.80	.067	150.29	7.71
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	23	45	1,580.35	35.12	.042	68.71	1.47

DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	100	290	2,235.17	7.71	.271	22.35	2.09
RADIOLOGY	142	170	8,453.56	49.73	.159	59.53	7.89
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	28	65	899.99	13.85	.061	32.14	.84
OTHER SERVICES/ALL X-OVERS	68	106	2,914.35	27.49	.099	42.86	2.72
@PHARMACY	193	667	\$ 11,136.19	\$ 16.70	.622	\$ 57.70	\$ 10.39
PRESCRIPTION DRUGS	180	388	9,515.46	24.52	.362	52.86	8.88
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	180	388	9,515.46	24.52	.362	52.86	8.88
MEDICAL SUPPLIES	19	279	1,620.73	5.81	.260	85.30	1.51
@DENTIST	59	345	\$ 12,425.00	\$ 36.01	.322	\$ 210.59	\$ 11.59
VISITS - DIAGNOSTIC	46	217	2,749.00	12.67	.202	59.76	2.56
ORAL SURGERY	17	39	2,752.00	70.56	.036	161.88	2.57
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	2	2	318.00	159.00	.002	159.00	.30
ENDODONTICS	3	4	890.00	222.50	.004	296.67	.83
RESTORATIVE DENTISTRY	20	73	5,405.00	74.04	.068	270.25	5.04
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	8	311.00	38.88	.007	311.00	.29
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,110
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT						
				AID CODE 86	----- MONTHLY AVERAGE -----		
1,072 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	23 \$	789.73	\$ 34.34	.021	\$ 131.62	\$.74
DIAGNOSTIC AND ANC. PROCED	6	6	270.30	45.05	.006	45.05	.25
EYE APPLIANCES	6	17	519.43	30.55	.016	86.57	.48
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	5	8 \$	419.96	\$ 52.50	.007	\$ 83.99	\$.39
NURSE ANESTHESIST	4	16 \$	411.76	\$ 25.74	.015	\$ 102.94	\$.38
NURSE MIDWIFE	1	18 \$	1,631.62	\$ 90.65	.017	\$ 1631.62	\$ 1.52
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	241	1,083 \$	330,256.75	\$ 304.95	1.010	\$ 1370.36	\$ 308.08
HOSP INPATIENT TOTAL	69	232	311,156.92	1341.19	.216	4509.52	290.26
HSC HOSPITALS	61	206	278,178.68	1350.38	.192	4560.31	259.50
NON-HSC HOSPITAL TOTAL	8	26	32,978.24	1268.39	.024	4122.28	30.76
ACCOMMODATIONS	8	26	13,284.73	510.95	.024	1660.59	12.39
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	26	13,284.73	510.95	.024	1660.59	12.39
ANCILLARIES	8	0	19,693.51	.00	.000	2461.69	18.37
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	185	851	19,099.83	22.44	.794	103.24	17.82
MEDICAL	15	26	684.96	26.34	.024	45.66	.64
SURGERY	23	32	755.63	23.61	.030	32.85	.70
PATHOLOGY	91	395	4,412.18	11.17	.368	48.49	4.12
RADIOLOGY	47	56	3,519.91	62.86	.052	74.89	3.28
ROOM USE	130	192	7,003.89	36.48	.179	53.88	6.53
CROSSOVERS/ALL OTH OUTPTNT	71	150	2,723.26	18.16	.140	38.36	2.54
@COUNTY HOSPITAL TOTAL	48	234 \$	98,341.45	\$ 420.26	.218	\$ 2048.78	\$ 91.74
CO HOSPITAL INPATIENT TOTAL	29	84	94,720.38	1127.62	.078	3266.22	88.36
HSC HOSPITALS	29	84	94,720.38	1127.62	.078	3266.22	88.36
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	20	150	3,621.07	24.14	.140	181.05	3.38
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	10	13	393.47	30.27	.012	39.35	.37
PATHOLOGY	9	60	1,125.51	18.76	.056	125.06	1.05
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	12	34	1,348.92	39.67	.032	112.41	1.26
CROSSOVERS/ALL OTH OUTPTNT	17	43	753.17	17.52	.040	44.30	.70

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,111
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

1,072 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	198	849	\$ 231,915.30	\$ 273.16	.792	\$ 1171.29	\$ 216.34
COMM HOSP INPATIENT TOTAL	41	148	216,436.54	1462.41	.138	5278.94	201.90
HSC HOSPITALS	33	122	183,458.30	1503.76	.114	5559.34	171.14
NON-HSC HOSPITALS TOTAL	8	26	32,978.24	1268.39	.024	4122.28	30.76
ACCOMMODATIONS	8	26	13,284.73	510.95	.024	1660.59	12.39
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	26	13,284.73	510.95	.024	1660.59	12.39
ANCILLARIES	8	0	19,693.51	.00	.000	2461.69	18.37
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	166	701	15,478.76	22.08	.654	93.25	14.44
MEDICAL	15	26	684.96	26.34	.024	45.66	.64
SURGERY	13	19	362.16	19.06	.018	27.86	.34
PATHOLOGY	82	335	3,286.67	9.81	.313	40.08	3.07
RADIOLOGY	47	56	3,519.91	62.86	.052	74.89	3.28
ROOM USE	118	158	5,654.97	35.79	.147	47.92	5.28
CROSSOVERS/ALL OTH OUTPTNT	54	107	1,970.09	18.41	.100	36.48	1.84
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	158	499	\$ 7,409.17	\$ 14.85	.465	\$ 46.89	\$ 6.91
PATHOLOGY	158	499	7,409.17	14.85	.465	46.89	6.91
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	519	1,998	\$ 242,316.69	\$ 121.28	1.864	\$ 466.89	\$ 226.04
CLINIC	226	1,334	41,790.87	31.33	1.244	184.92	38.98
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC	310	664	200,525.82	302.00	.619	646.86	187.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,112
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT						
	AID CODE 86						

1,072 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	89	158	\$ 8,184.16	\$ 51.80	.147	\$ 91.96	\$ 7.63
DURABLE MED. EQUIP.	1	1	99.99	99.99	.001	99.99	.09
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	74	1,847.54	24.97	.069	108.68	1.72
AMBULANCES/AIR TRANS	17	74	1,847.54	24.97	.069	108.68	1.72
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	58	58	5,861.00	101.05	.054	101.05	5.47
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	23	206.43	8.98	.021	17.20	.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	169.20	84.60	.002	84.60	.16
PROSTHETICS	2	2	169.20	84.60	.002	84.60	.16
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	7	128	\$ 89,850.32	\$ 701.96	.119	\$ 12835.76	\$ 83.82
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	310	664	200,525.82	302.00	.619	646.86	187.06
MOP024	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,113
CONTRA COSTA COUNT	FEE-FOR-SERVICE/DENTAL						01/29/04
	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL						

1,072 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,092	6,902	\$ 703,487.35	\$ 101.93	6.438	\$ 644.22	\$ 656.24
@PHYSICIANS SERVICES	432	2,087	\$ 88,506.32	\$ 42.41	1.947	\$ 204.88	\$ 82.56
OUTPATIENT VISITS	214	805	21,919.74	27.23	.751	102.43	20.45
OFFICE VISITS	41	47	2,243.61	47.74	.044	54.72	2.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	97	113	6,382.95	56.49	.105	65.80	5.95
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	82	635	13,029.49	20.52	.592	158.90	12.15
OTHER OUTPATIENT	10	10	263.69	26.37	.009	26.37	.25
INPATIENT VISITS	75	189	9,681.15	51.22	.176	129.08	9.03
HOSPITAL VISITS	73	176	7,112.96	40.41	.164	97.44	6.64
CRITICAL CARE	3	13	2,568.19	197.55	.012	856.06	2.40
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.001	57.79	.05

EXAMINATIONS	1	1	57.79	57.79	.001	57.79	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	88	344	32,498.49	94.47	.321	369.30	30.32
PRINCIPAL SURGEON	60	76	23,983.68	315.57	.071	399.73	22.37
ASSISTANT SURGEON	8	8	1,338.94	167.37	.007	167.37	1.25
ANESTHESIOLOGIST	43	260	7,175.87	27.60	.243	166.88	6.69
OUTPATIENT SURGERY	57	117	9,846.08	84.15	.109	172.74	9.18
PRINCIPAL SURGEON	55	72	8,265.73	114.80	.067	150.29	7.71
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	23	45	1,580.35	35.12	.042	68.71	1.47
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	100	290	2,235.17	7.71	.271	22.35	2.09
RADIOLOGY	142	170	8,453.56	49.73	.159	59.53	7.89
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	28	65	899.99	13.85	.061	32.14	.84
OTHER SERVICES/ALL X-OVERS	68	106	2,914.35	27.49	.099	42.86	2.72
@PHARMACY	193	667	\$ 11,136.19	\$ 16.70	.622	\$ 57.70	\$ 10.39
PRESCRIPTION DRUGS	180	388	9,515.46	24.52	.362	52.86	8.88
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	180	388	9,515.46	24.52	.362	52.86	8.88
MEDICAL SUPPLIES	19	279	1,620.73	5.81	.260	85.30	1.51
@DENTIST	59	345	\$ 12,425.00	\$ 36.01	.322	\$ 210.59	\$ 11.59
VISITS - DIAGNOSTIC	46	217	2,749.00	12.67	.202	59.76	2.56
ORAL SURGERY	17	39	2,752.00	70.56	.036	161.88	2.57
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	318.00	159.00	.002	159.00	.30
ENDODONTICS	3	4	890.00	222.50	.004	296.67	.83
RESTORATIVE DENTISTRY	20	73	5,405.00	74.04	.068	270.25	5.04
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	8	311.00	38.88	.007	311.00	.29
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,114
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL						

1,072 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	23	\$ 789.73	\$ 34.34	.021	\$ 131.62	\$.74
DIAGNOSTIC AND ANC. PROCED	6	6	270.30	45.05	.006	45.05	.25
EYE APPLIANCES	6	17	519.43	30.55	.016	86.57	.48
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	5	8	\$ 419.96	\$ 52.50	.007	\$ 83.99	\$.39
NURSE ANESTHESIST	4	16	\$ 411.76	\$ 25.74	.015	\$ 102.94	\$.38
NURSE MIDWIFE	1	18	\$ 1,631.62	\$ 90.65	.017	\$ 1631.62	\$ 1.52
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	241	1,083	\$ 330,256.75	\$ 304.95	1.010	\$ 1370.36	\$ 308.08

HOSP INPATIENT TOTAL	69	232	311,156.92	1341.19	.216	4509.52	290.26
HSC HOSPITALS	61	206	278,178.68	1350.38	.192	4560.31	259.50
NON-HSC HOSPITAL TOTAL	8	26	32,978.24	1268.39	.024	4122.28	30.76
ACCOMMODATIONS	8	26	13,284.73	510.95	.024	1660.59	12.39
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	26	13,284.73	510.95	.024	1660.59	12.39
ANCILLARIES	8	0	19,693.51	.00	.000	2461.69	18.37
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	185	851	19,099.83	22.44	.794	103.24	17.82
MEDICAL	15	26	684.96	26.34	.024	45.66	.64
SURGERY	23	32	755.63	23.61	.030	32.85	.70
PATHOLOGY	91	395	4,412.18	11.17	.368	48.49	4.12
RADIOLOGY	47	56	3,519.91	62.86	.052	74.89	3.28
ROOM USE	130	192	7,003.89	36.48	.179	53.88	6.53

CROSSOVERS/ALL OTH OUTPTNT	71	150		2,723.26	18.16	.140	38.36	2.54
@COUNTY HOSPITAL TOTAL	48	234	\$	98,341.45	\$ 420.26	.218	\$ 2048.78	\$ 91.74
CO HOSPITAL INPATIENT TOTAL	29	84		94,720.38	1127.62	.078	3266.22	88.36
HSC HOSPITALS	29	84		94,720.38	1127.62	.078	3266.22	88.36
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	20	150		3,621.07	24.14	.140	181.05	3.38
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	10	13		393.47	30.27	.012	39.35	.37
PATHOLOGY	9	60		1,125.51	18.76	.056	125.06	1.05
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	12	34		1,348.92	39.67	.032	112.41	1.26
CROSSOVERS/ALL OTH OUTPTNT	17	43		753.17	17.52	.040	44.30	.70

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	1,072 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	198	849	\$	231,915.30	\$ 273.16	.792	\$ 1171.29	\$ 216.34
COMM HOSP INPATIENT TOTAL	41	148		216,436.54	1462.41	.138	5278.94	201.90
HSC HOSPITALS	33	122		183,458.30	1503.76	.114	5559.34	171.14
NON-HSC HOSPITALS TOTAL	8	26		32,978.24	1268.39	.024	4122.28	30.76
ACCOMMODATIONS	8	26		13,284.73	510.95	.024	1660.59	12.39
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	26		13,284.73	510.95	.024	1660.59	12.39
ANCILLARIES	8	0		19,693.51	.00	.000	2461.69	18.37
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	166	701		15,478.76	22.08	.654	93.25	14.44
MEDICAL	15	26		684.96	26.34	.024	45.66	.64
SURGERY	13	19		362.16	19.06	.018	27.86	.34
PATHOLOGY	82	335		3,286.67	9.81	.313	40.08	3.07
RADIOLOGY	47	56		3,519.91	62.86	.052	74.89	3.28
ROOM USE	118	158		5,654.97	35.79	.147	47.92	5.28
CROSSOVERS/ALL OTH OUTPTNT	54	107		1,970.09	18.41	.100	36.48	1.84
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	158	499	\$	7,409.17	\$	14.85	.465	\$	46.89	\$	6.91
PATHOLOGY	158	499		7,409.17		14.85	.465		46.89		6.91
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	519	1,998	\$	242,316.69	\$	121.28	1.864	\$	466.89	\$	226.04
CLINIC	226	1,334		41,790.87		31.33	1.244		184.92		38.98
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	310	664		200,525.82		302.00	.619		646.86		187.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,116
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL										

	1,072 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	89	158	\$	8,184.16	\$ 51.80	.147	\$ 91.96	\$ 7.63
DURABLE MED. EQUIP.	1	1		99.99	99.99	.001	99.99	.09
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	74		1,847.54	24.97	.069	108.68	1.72
AMBULANCES/AIR TRANS	17	74		1,847.54	24.97	.069	108.68	1.72
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	58	58		5,861.00	101.05	.054	101.05	5.47
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	12	23		206.43	8.98	.021	17.20	.19
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2		169.20	84.60	.002	84.60	.16
PROSTHETICS	2	2		169.20	84.60	.002	84.60	.16
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	7	128	\$	89,850.32	\$ 701.96	.119	\$ 12835.76	\$ 83.82
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,117
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MIA - SOC - LTC										

	74 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	108	3,116	\$	198,219.11	\$ 63.61	42.108	\$ 1835.36	\$ 2678.64
@PHYSICIANS SERVICES	33	58	\$	2,819.97	\$ 48.62	.784	\$ 85.45	\$ 38.11
OUTPATIENT VISITS	12	12		735.07	61.26	.162	61.26	9.93
OFFICE VISITS	4	4		184.30	46.08	.054	46.08	2.49

HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	8	8		550.77	68.85	.108	68.85	7.44
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	16	29		1,085.93	37.45	.392	67.87	14.67
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	16	29		1,085.93	37.45	.392	67.87	14.67
OPHTHALMOLOGICAL SERVICES	1	1		57.79	57.79	.014	57.79	.78
EXAMINATIONS	1	1		57.79	57.79	.014	57.79	.78
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2		370.90	185.45	.027	185.45	5.01
PRINCIPAL SURGEON	2	2		370.90	185.45	.027	185.45	5.01
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	3		8.36	2.79	.041	8.36	.11
RADIOLOGY	5	6		286.49	47.75	.081	57.30	3.87
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	5		275.43	55.09	.068	91.81	3.72
@PHARMACY	62	492	\$	23,269.30	\$ 47.30	6.649	\$ 375.31	\$ 314.45
PRESCRIPTION DRUGS	59	462		22,085.69	47.80	6.243	374.33	298.46
SNF/ICF	46	397		18,663.08	47.01	5.365	405.72	252.20
OUTPATIENTS	14	65		3,422.61	52.66	.878	244.47	46.25
MEDICAL SUPPLIES	14	30		1,183.61	39.45	.405	84.54	15.99
@DENTIST	3	3	\$	90.00	\$ 30.00	.041	\$ 30.00	\$ 1.22
VISITS - DIAGNOSTIC	3	3		90.00	30.00	.041	30.00	1.22
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

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74 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 100.56	\$ 25.14	.054	\$ 100.56	\$ 1.36
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.014	47.45	.64
EYE APPLIANCES	1	3	53.11	17.70	.041	53.11	.72
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	3	14	\$	1,005.70	\$	71.84	.189	\$ 335.23	\$ 13.59
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
@TOTAL HOSPITAL	20	91	\$	1,454.39	\$	15.98	1.230	\$ 72.72	\$ 19.65
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	20	91		1,454.39		15.98	1.230	72.72	19.65
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	1	1		16.63		16.63	.014	16.63	.22
PATHOLOGY	15	70		705.00		10.07	.946	47.00	9.53
RADIOLOGY	1	1		190.94		190.94	.014	190.94	2.58
ROOM USE	6	12		440.88		36.74	.162	73.48	5.96
CROSSOVERS/ALL OTH OUTPTNT	4	7		100.94		14.42	.095	25.24	1.36
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,119
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

74 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	20	91	\$ 1,454.39	\$ 15.98	1.230	\$ 72.72	\$ 19.65
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	20	91		1,454.39	15.98	1.230	72.72	19.65
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		16.63	16.63	.014	16.63	.22
PATHOLOGY	15	70		705.00	10.07	.946	47.00	9.53
RADIOLOGY	1	1		190.94	190.94	.014	190.94	2.58
ROOM USE	6	12		440.88	36.74	.162	73.48	5.96
CROSSOVERS/ALL OTH OUTPTNT	4	7		100.94	14.42	.095	25.24	1.36
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	23	1,052	\$	146,357.09	\$ 139.12	14.216	\$ 6363.35	\$ 1977.80
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	2	73		27,085.42	371.03	.986	13542.71	366.02

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	21	979		119,271.67	121.83	13.230	5679.60	1611.78
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	14	\$	59.26	\$ 4.23	.189	\$ 29.63	\$.80
PATHOLOGY	2	14		59.26	4.23	.189	29.63	.80
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	28	51	\$	15,884.39	\$ 311.46	.689	\$ 567.30	\$ 214.65
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	28	51		15,884.39	311.46	.689	567.30	214.65

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,120
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

74 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	28	1,337	\$ 7,178.45	\$ 5.37	18.068	\$ 256.37	\$ 97.01
DURABLE MED. EQUIP.	3	54	1,694.09	31.37	.730	564.70	22.89
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	18	225	4,427.88	19.68	3.041	245.99	59.84
AMBULANCES/AIR TRANS	14	189	2,392.79	12.66	2.554	170.91	32.34
OTHER TRANS	5	34	223.23	6.57	.459	44.65	3.02
OTHER SERVICES	2	2	1,811.86	905.93	.027	905.93	24.48
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	28.36	14.18	.027	28.36	.38
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	6	154.38	25.73	.081	77.19	2.09
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	1,050	873.74	.83	14.189	145.62	11.81
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	23	74	\$ 8,824.14	\$ 119.25	2.741		\$ 383.66	\$ 326.82
@PHYSICIANS SERVICES	9	28	\$ 2,114.82	\$ 75.53	1.037		\$ 234.98	\$ 78.33
OUTPATIENT VISITS	2	2	119.77	59.89	.074		59.89	4.44
OFFICE VISITS	1	1	75.17	75.17	.037		75.17	2.78
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.037		44.60	1.65
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	3	6	571.50	95.25	.222		190.50	21.17
HOSPITAL VISITS	3	4	164.86	41.22	.148		54.95	6.11
CRITICAL CARE	1	2	406.64	203.32	.074		406.64	15.06
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	3	6	1,007.90	167.98	.222		335.97	37.33
PRINCIPAL SURGEON	3	6	1,007.90	167.98	.222		335.97	37.33
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	1	1	168.65	168.65	.037		168.65	6.25
PRINCIPAL SURGEON	1	1	168.65	168.65	.037		168.65	6.25
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	4	11	151.14	13.74	.407		37.79	5.60
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	95.86	47.93	.074		47.93	3.55
@PHARMACY	1	1	\$ 9.96	\$ 9.96	.037		\$ 9.96	\$.37
PRESCRIPTION DRUGS	1	1	9.96	9.96	.037		9.96	.37
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	1	1	9.96	9.96	.037		9.96	.37
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000		.00	.00

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	2	10	\$ 284.00	\$ 28.40	.370	\$ 142.00	\$ 10.52
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	11	23	\$ 2,847.36	\$ 123.80	.852	\$ 258.85	\$ 105.46
HOSP INPATIENT TOTAL	6	11	2,669.55	242.69	.407	444.93	98.87
HSC HOSPITALS	6	11	2,669.55	242.69	.407	444.93	98.87
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	12	177.81	14.82	.444	29.64	6.59
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	5	30.37	6.07	.185	15.19	1.12
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	5	6	141.06	23.51	.222	28.21	5.22
CROSSOVERS/ALL OTH OUTPTNT	1	1	6.38	6.38	.037	6.38	.24
@COUNTY HOSPITAL TOTAL	2	4	\$ 1,666.54	\$ 416.64	.148	\$ 833.27	\$ 61.72
CO HOSPITAL INPATIENT TOTAL	2	4	1,666.54	416.64	.148	833.27	61.72
HSC HOSPITALS	2	4	1,666.54	416.64	.148	833.27	61.72
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	19	\$	1,180.82	\$ 62.15	.704	\$ 131.20	\$ 43.73
COMM HOSP INPATIENT TOTAL	4	7		1,003.01	143.29	.259	250.75	37.15
HSC HOSPITALS	4	7		1,003.01	143.29	.259	250.75	37.15
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	12		177.81	14.82	.444	29.64	6.59
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	5		30.37	6.07	.185	15.19	1.12
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	5	6		141.06	23.51	.222	28.21	5.22
CROSSOVERS/ALL OTH OUTPTNT	1	1		6.38	6.38	.037	6.38	.24
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	12	\$	3,568.00	\$ 297.33	.444	\$ 396.44	\$ 132.15
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	9	12		3,568.00	297.33	.444	396.44	132.15

#CALIF DEPT OF HEALTH SERV MOP024
CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT

AID CODE 87

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,125
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

101 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	131	3,190	\$ 207,043.25	\$ 64.90	31.584 \$ 1580.48 \$ 2049.93
@PHYSICIANS SERVICES	42	86	\$ 4,934.79	\$ 57.38	.851 \$ 117.50 \$ 48.86
OUTPATIENT VISITS	14	14	854.84	61.06	.139 61.06 8.46
OFFICE VISITS	5	5	259.47	51.89	.050 51.89 2.57
HOME VISITS	0	0	.00	.00	.000 .00 .00
EMERGENCY ROOM	9	9	595.37	66.15	.089 66.15 5.89
PREVENTIVE CARE	0	0	.00	.00	.000 .00 .00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000 .00 .00
OTHER OUTPATIENT	0	0	.00	.00	.000 .00 .00
INPATIENT VISITS	19	35	1,657.43	47.36	.347 87.23 16.41
HOSPITAL VISITS	3	4	164.86	41.22	.040 54.95 1.63
CRITICAL CARE	1	2	406.64	203.32	.020 406.64 4.03
SNF/ICF/TRANS IP CARE	16	29	1,085.93	37.45	.287 67.87 10.75
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.010 57.79 .57
EXAMINATIONS	1	1	57.79	57.79	.010 57.79 .57
SERVICES AND MATERIALS	0	0	.00	.00	.000 .00 .00
INPATIENT HOSPITAL SURGERY	3	6	1,007.90	167.98	.059 335.97 9.98
PRINCIPAL SURGEON	3	6	1,007.90	167.98	.059 335.97 9.98
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	0	0	.00	.00	.000 .00 .00
OUTPATIENT SURGERY	3	3	539.55	179.85	.030 179.85 5.34
PRINCIPAL SURGEON	3	3	539.55	179.85	.030 179.85 5.34
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	0	0	.00	.00	.000 .00 .00
DIALYSIS	0	0	.00	.00	.000 .00 .00
PATHOLOGY	5	14	159.50	11.39	.139 31.90 1.58
RADIOLOGY	5	6	286.49	47.75	.059 57.30 2.84
PSYCHIATRY	0	0	.00	.00	.000 .00 .00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000 .00 .00
OTHER SERVICES/ALL X-OVERS	5	7	371.29	53.04	.069 74.26 3.68
@PHARMACY	63	493	\$ 23,279.26	\$ 47.22	4.881 \$ 369.51 \$ 230.49
PRESCRIPTION DRUGS	60	463	22,095.65	47.72	4.584 368.26 218.77
SNF/ICF	46	397	18,663.08	47.01	3.931 405.72 184.78
OUTPATIENTS	15	66	3,432.57	52.01	.653 228.84 33.99
MEDICAL SUPPLIES	14	30	1,183.61	39.45	.297 84.54 11.72
@DENTIST	3	3	\$ 90.00	\$ 30.00	.030 \$ 30.00 \$.89
VISITS - DIAGNOSTIC	3	3	90.00	30.00	.030 30.00 .89
ORAL SURGERY	0	0	.00	.00	.000 .00 .00
DRUGS	0	0	.00	.00	.000 .00 .00
ANESTHESIA	0	0	.00	.00	.000 .00 .00
PERIODONTICS	0	0	.00	.00	.000 .00 .00
ENDODONTICS	0	0	.00	.00	.000 .00 .00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000 .00 .00
PROSTHETICS	0	0	.00	.00	.000 .00 .00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,126
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

101 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 100.56	\$ 25.14	.040	\$ 100.56	\$ 1.00
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.010	47.45	.47
EYE APPLIANCES	1	3	53.11	17.70	.030	53.11	.53
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	14	\$ 1,005.70	\$ 71.84	.139	\$ 335.23	\$ 9.96
NURSE ANESTHESIST	2	10	284.00	28.40	.099	142.00	2.81
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	31	114	\$ 4,301.75	\$ 37.73	1.129	\$ 138.77	\$ 42.59
HOSP INPATIENT TOTAL	6	11	2,669.55	242.69	.109	444.93	26.43
HSC HOSPITALS	6	11	2,669.55	242.69	.109	444.93	26.43
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	26	103	1,632.20	15.85	1.020	62.78	16.16
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	16.63	16.63	.010	16.63	.16
PATHOLOGY	17	75	735.37	9.80	.743	43.26	7.28
RADIOLOGY	1	1	190.94	190.94	.010	190.94	1.89
ROOM USE	11	18	581.94	32.33	.178	52.90	5.76
CROSSOVERS/ALL OTH OUTPTNT	5	8	107.32	13.42	.079	21.46	1.06
@COUNTY HOSPITAL TOTAL	2	4	\$ 1,666.54	\$ 416.64	.040	\$ 833.27	\$ 16.50
CO HOSPITAL INPATIENT TOTAL	2	4	1,666.54	416.64	.040	833.27	16.50
HSC HOSPITALS	2	4	1,666.54	416.64	.040	833.27	16.50
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,127
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

101 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	29	110	\$ 2,635.21	\$ 23.96	1.089	\$ 90.87	\$ 26.09
COMM HOSP INPATIENT TOTAL	4	7	1,003.01	143.29	.069	250.75	9.93
HSC HOSPITALS	4	7	1,003.01	143.29	.069	250.75	9.93
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	26	103	1,632.20	15.85	1.020	62.78	16.16
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	16.63	16.63	.010	16.63	.16
PATHOLOGY	17	75	735.37	9.80	.743	43.26	7.28
RADIOLOGY	1	1	190.94	190.94	.010	190.94	1.89
ROOM USE	11	18	581.94	32.33	.178	52.90	5.76
CROSSOVERS/ALL OTH OUTPTNT	5	8	107.32	13.42	.079	21.46	1.06
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	23	1,052	\$ 146,357.09	\$ 139.12	10.416	\$ 6363.35	\$ 1449.08
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	2	73	27,085.42	371.03	.723	13542.71	268.17
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	21	979	119,271.67	121.83	9.693	5679.60	1180.91
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	14	\$ 59.26	\$ 4.23	.139	\$ 29.63	\$.59
PATHOLOGY	2	14	59.26	4.23	.139	29.63	.59
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	37	63	\$ 19,452.39	\$ 308.77	.624	\$ 525.74	\$ 192.60
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	37	63	19,452.39	308.77	.624	525.74	192.60

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,128
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

101 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	28	1,337	\$ 7,178.45	\$ 5.37	13.238	\$ 256.37	\$ 71.07
DURABLE MED. EQUIP.	3	54	1,694.09	31.37	.535	564.70	16.77
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	18	225	4,427.88	19.68	2.228	245.99	43.84
AMBULANCES/AIR TRANS	14	189	2,392.79	12.66	1.871	170.91	23.69
OTHER TRANS	5	34	223.23	6.57	.337	44.65	2.21
OTHER SERVICES	2	2	1,811.86	905.93	.020	905.93	17.94
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	28.36	14.18	.020	28.36	.28
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	6	154.38	25.73	.059	77.19	1.53
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	1,050	873.74	.83	10.396	145.62	8.65
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,129
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR FOR FUTURE USE

PAGE 2,131
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00

PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,132
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,133
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL	

1,173 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,223	10,092	\$ 910,530.60	\$ 90.22	8.604	\$ 744.51	\$ 776.24
@PHYSICIANS SERVICES	474	2,173	\$ 93,441.11	\$ 43.00	1.853	\$ 197.13	\$ 79.66
OUTPATIENT VISITS	228	819	22,774.58	27.81	.698	99.89	19.42
OFFICE VISITS	46	52	2,503.08	48.14	.044	54.41	2.13
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	106	122	6,978.32	57.20	.104	65.83	5.95
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	82	635	13,029.49	20.52	.541	158.90	11.11

OTHER OUTPATIENT	10	10		263.69	26.37	.009	26.37	.22
INPATIENT VISITS	94	224		11,338.58	50.62	.191	120.62	9.67
HOSPITAL VISITS	76	180		7,277.82	40.43	.153	95.76	6.20
CRITICAL CARE	4	15		2,974.83	198.32	.013	743.71	2.54
SNF/ICF/TRANS IP CARE	16	29		1,085.93	37.45	.025	67.87	.93
OPHTHALMOLOGICAL SERVICES	2	2		115.58	57.79	.002	57.79	.10
EXAMINATIONS	2	2		115.58	57.79	.002	57.79	.10
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	91	350		33,506.39	95.73	.298	368.20	28.56
PRINCIPAL SURGEON	63	82		24,991.58	304.78	.070	396.69	21.31
ASSISTANT SURGEON	8	8		1,338.94	167.37	.007	167.37	1.14
ANESTHESIOLOGIST	43	260		7,175.87	27.60	.222	166.88	6.12
OUTPATIENT SURGERY	60	120		10,385.63	86.55	.102	173.09	8.85
PRINCIPAL SURGEON	58	75		8,805.28	117.40	.064	151.82	7.51
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	23	45		1,580.35	35.12	.038	68.71	1.35
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	105	304		2,394.67	7.88	.259	22.81	2.04
RADIOLOGY	147	176		8,740.05	49.66	.150	59.46	7.45
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	28	65		899.99	13.85	.055	32.14	.77
OTHER SERVICES/ALL X-OVERS	73	113		3,285.64	29.08	.096	45.01	2.80
@PHARMACY	256	1,160	\$	34,415.45	\$ 29.67	.989	\$ 134.44	\$ 29.34
PRESCRIPTION DRUGS	240	851		31,611.11	37.15	.725	131.71	26.95
SNF/ICF	46	397		18,663.08	47.01	.338	405.72	15.91
OUTPATIENTS	195	454		12,948.03	28.52	.387	66.40	11.04
MEDICAL SUPPLIES	33	309		2,804.34	9.08	.263	84.98	2.39
@DENTIST	62	348	\$	12,515.00	\$ 35.96	.297	\$ 201.85	\$ 10.67
VISITS - DIAGNOSTIC	49	220		2,839.00	12.90	.188	57.94	2.42
ORAL SURGERY	17	39		2,752.00	70.56	.033	161.88	2.35
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	2	2		318.00	159.00	.002	159.00	.27
ENDODONTICS	3	4		890.00	222.50	.003	296.67	.76
RESTORATIVE DENTISTRY	20	73		5,405.00	74.04	.062	270.25	4.61
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	8		311.00	38.88	.007	311.00	.27
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2		.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,134
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL							

1,173 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	7	27	\$ 890.29	\$ 32.97	.023	\$ 127.18	\$.76
DIAGNOSTIC AND ANC. PROCED	7	7	317.75	45.39	.006	45.39	.27
EYE APPLIANCES	7	20	572.54	28.63	.017	81.79	.49
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	8	22	\$	1,425.66	\$	64.80	.019	\$	178.21	\$	1.22
NURSE ANESTHESIST	6	26	\$	695.76	\$	26.76	.022	\$	115.96	\$	.59
NURSE MIDWIFE	1	18	\$	1,631.62	\$	90.65	.015	\$	1631.62	\$	1.39
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	272	1,197	\$	334,558.50	\$	279.50	1.020	\$	1229.99	\$	285.22
HOSP INPATIENT TOTAL	75	243		313,826.47		1291.47	.207		4184.35		267.54
HSC HOSPITALS	67	217		280,848.23		1294.23	.185		4191.76		239.43
NON-HSC HOSPITAL TOTAL	8	26		32,978.24		1268.39	.022		4122.28		28.11
ACCOMMODATIONS	8	26		13,284.73		510.95	.022		1660.59		11.33
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	26		13,284.73		510.95	.022		1660.59		11.33
ANCILLARIES	8	0		19,693.51		.00	.000		2461.69		16.79
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	211	954	20,732.03	21.73	.813	98.26	17.67
MEDICAL	15	26	684.96	26.34	.022	45.66	.58
SURGERY	24	33	772.26	23.40	.028	32.18	.66
PATHOLOGY	108	470	5,147.55	10.95	.401	47.66	4.39
RADIOLOGY	48	57	3,710.85	65.10	.049	77.31	3.16
ROOM USE	141	210	7,585.83	36.12	.179	53.80	6.47
CROSSOVERS/ALL OTH OUTPTNT	76	158	2,830.58	17.92	.135	37.24	2.41
@COUNTY HOSPITAL TOTAL	50	238	\$ 100,007.99	\$ 420.20	.203	\$ 2000.16	\$ 85.26
CO HOSPITAL INPATIENT TOTAL	31	88	96,386.92	1095.31	.075	3109.26	82.17
HSC HOSPITALS	31	88	96,386.92	1095.31	.075	3109.26	82.17
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	20	150	3,621.07	24.14	.128	181.05	3.09
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	10	13	393.47	30.27	.011	39.35	.34
PATHOLOGY	9	60	1,125.51	18.76	.051	125.06	.96
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	12	34	1,348.92	39.67	.029	112.41	1.15
CROSSOVERS/ALL OTH OUTPTNT	17	43	753.17	17.52	.037	44.30	.64
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
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1,173 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	227	959	\$ 234,550.51	\$ 244.58	.818	\$ 1033.26	\$ 199.96
COMM HOSP INPATIENT TOTAL	45	155	217,439.55	1402.84	.132	4831.99	185.37
HSC HOSPITALS	37	129	184,461.31	1429.93	.110	4985.44	157.26
NON-HSC HOSPITALS TOTAL	8	26	1268.39	1268.39	.022	4122.28	28.11
ACCOMMODATIONS	8	26	13,284.73	510.95	.022	1660.59	11.33
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	26	13,284.73	510.95	.022	1660.59	11.33
ANCILLARIES	8	0	19,693.51	.00	.000	2461.69	16.79
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	192	804	17,110.96	21.28	.685	89.12	14.59
MEDICAL	15	26	684.96	26.34	.022	45.66	.58
SURGERY	14	20	378.79	18.94	.017	27.06	.32
PATHOLOGY	99	410	4,022.04	9.81	.350	40.63	3.43
RADIOLOGY	48	57	3,710.85	65.10	.049	77.31	3.16
ROOM USE	129	176	6,236.91	35.44	.150	48.35	5.32
CROSSOVERS/ALL OTH OUTPTNT	59	115	2,077.41	18.06	.098	35.21	1.77
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	23	1,052	\$ 146,357.09	\$ 139.12	.897	\$ 6363.35	\$ 124.77
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	2	73	27,085.42	371.03	.062	13542.71	23.09
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	21	979	119,271.67	121.83	.835	5679.60	101.68
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	160	513	\$ 7,468.43	\$ 14.56	.437	\$ 46.68	\$ 6.37
PATHOLOGY	160	513	7,468.43	14.56	.437	46.68	6.37
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	556	2,061	\$ 261,769.08	\$ 127.01	1.757	\$ 470.81	\$ 223.16
CLINIC	226	1,334	41,790.87	31.33	1.137	184.92	35.63
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	347	727	219,978.21	302.58	.620	633.94	187.53
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1,173 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	117	1,495	\$ 15,362.61	\$ 10.28	1.275	\$ 131.30	\$ 13.10
DURABLE MED. EQUIP.	4	55	1,794.08	32.62	.047	448.52	1.53
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	35	299	6,275.42	20.99	.255	179.30	5.35
AMBULANCES/AIR TRANS	31	263	4,240.33	16.12	.224	136.78	3.61
OTHER TRANS	5	34	223.23	6.57	.029	44.65	.19
OTHER SERVICES	2	2	1,811.86	905.93	.002	905.93	1.54
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	58	58	5,861.00	101.05	.049	101.05	5.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	25	234.79	9.39	.021	18.06	.20
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	6	154.38	25.73	.005	77.19	.13
PROSTHETIST/ORTHOTISTS	2	2	169.20	84.60	.002	84.60	.14
PROSTHETICS	2	2	169.20	84.60	.002	84.60	.14
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	1,050	873.74	.83	.895	145.62	.74
@CALIF. CHILDREN SERVICES*	7	128	\$ 89,850.32	\$ 701.96	.109	\$ 12835.76	\$ 76.60
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
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121,515 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	88,609	4,244,644	\$ 87,161,677.18	\$ 20.53	34.931	\$ 983.67	\$ 717.29	
@PHYSICIANS SERVICES	13,646	45,038	\$ 898,629.48	\$ 19.95	.371	\$ 65.85	\$ 7.40	
OUTPATIENT VISITS	2,116	2,826	111,564.64	39.48	.023	52.72	.92	
OFFICE VISITS	1,696	2,259	76,374.96	33.81	.019	45.03	.63	
HOME VISITS	9	16	825.60	51.60	.000	91.73	.01	
EMERGENCY ROOM	406	462	32,328.92	69.98	.004	79.63	.27	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	74	89	2,035.16	22.87	.001	27.50	.02	
INPATIENT VISITS	373	1,663	74,181.36	44.61	.014	198.88	.61	
HOSPITAL VISITS	287	1,485	65,142.45	43.87	.012	226.98	.54	
CRITICAL CARE	21	41	4,922.90	120.07	.000	234.42	.04	
SNF/ICF/TRANS IP CARE	93	137	4,116.01	30.04	.001	44.26	.03	
OPHTHALMOLOGICAL SERVICES	262	332	13,986.87	42.13	.003	53.39	.12	
EXAMINATIONS	261	331	13,950.47	42.15	.003	53.45	.11	
SERVICES AND MATERIALS	1	1	36.40	36.40	.000	36.40	.00	
INPATIENT HOSPITAL SURGERY	154	784	83,538.36	106.55	.006	542.46	.69	
PRINCIPAL SURGEON	101	139	59,228.28	426.10	.001	586.42	.49	
ASSISTANT SURGEON	31	35	9,704.50	277.27	.000	313.05	.08	
ANESTHESIOLOGIST	53	610	14,605.58	23.94	.005	275.58	.12	
OUTPATIENT SURGERY	254	608	74,608.61	122.71	.005	293.73	.61	
PRINCIPAL SURGEON	208	239	65,235.58	272.95	.002	313.63	.54	
ASSISTANT SURGEON	1	1	52.87	52.87	.000	52.87	.00	
ANESTHESIOLOGIST	62	368	9,320.16	25.33	.003	150.33	.08	
DIALYSIS	45	94	11,209.82	119.25	.001	249.11	.09	
PATHOLOGY	418	2,216	12,237.17	5.52	.018	29.28	.10	
RADIOLOGY	765	1,518	52,596.34	34.65	.012	68.75	.43	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	59	729	20,694.09	28.39	.006	350.75	.17	
OTHER SERVICES/ALL X-OVERS	11,088	34,268	444,012.22	12.96	.282	40.04	3.65	
@PHARMACY	71,785	862,902	\$ 17,900,286.54	\$ 20.74	7.101	\$ 249.36	\$ 147.31	
PRESCRIPTION DRUGS	70,891	279,598	17,377,910.73	62.15	2.301	245.14	143.01	
SNF/ICF	13,446	79,194	3,927,934.33	49.60	.652	292.13	32.32	
OUTPATIENTS	57,836	200,404	13,449,976.40	67.11	1.649	232.55	110.69	
MEDICAL SUPPLIES	6,005	583,304	522,375.81	.90	4.800	86.99	4.30	
@DENTIST	5,315	21,815	\$ 1,031,779.12	\$ 47.30	.180	\$ 194.13	\$ 8.49	
VISITS - DIAGNOSTIC	3,498	12,696	157,197.36	12.38	.104	44.94	1.29	
ORAL SURGERY	730	2,140	101,696.00	47.52	.018	139.31	.84	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	16	16	1,600.00	100.00	.000	100.00	.01	
PERIODONTICS	423	436	49,898.50	114.45	.004	117.96	.41	
ENDODONTICS	184	266	56,469.00	212.29	.002	306.90	.46	
RESTORATIVE DENTISTRY	961	2,887	239,011.00	82.79	.024	248.71	1.97	
PROSTHETICS	42	52	1,530.00	29.42	.000	36.43	.01	
DENTURES, STAYPLATES	1,341	3,124	424,292.26	135.82	.026	316.40	3.49	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	1	1	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	133	197	85.00	.43	.002	.64	.00	
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121,515 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,867	5,826	\$ 107,182.47	\$ 18.40	.048	\$ 57.41	\$.88
DIAGNOSTIC AND ANC. PROCED	366	380	16,580.94	43.63	.003	45.30	.14

EYE APPLIANCES	1,525	5,039		81,823.83		16.24	.041	53.65	.67
OTHER OPTOMETRIC SERVICES	258	407		8,777.70		21.57	.003	34.02	.07
@CHIROPRACTOR	3	7	\$	51.35	\$	7.34	.000	17.12	.00
VISITS	1	2		32.54		16.27	.000	32.54	.00
OTHER SERVICES	2	5		18.81		3.76	.000	9.41	.00
@PODIATRIST	3,076	4,427	\$	27,600.16	\$	6.23	.036	8.97	.23
MEDICINE/INJECTIONS	44	57		1,647.50		28.90	.000	37.44	.01
SURGERY/ANES.	2	2		28.00		14.00	.000	14.00	.00
RADIO./PATHOLOGY	3	6		114.16		19.03	.000	38.05	.00
OTHER	3,034	4,362		25,810.50		5.92	.036	8.51	.21
@HOME HEALTH AGENCY	33	222	\$	14,794.63	\$	66.64	.002	448.32	.12
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	2	2	\$	34.60	\$	17.30	.000	17.30	.00
FAMILY NURSE PRACTITIONER	18	34	\$	651.92	\$	19.17	.000	36.22	.01
@TOTAL HOSPITAL	6,884	37,436	\$	6,210,640.52	\$	165.90	.308	902.18	51.11
HOSP INPATIENT TOTAL	1,485	8,577		5,604,062.48		653.38	.071	3773.78	46.12
HSC HOSPITALS	411	2,169		2,146,776.13		989.75	.018	5223.30	17.67
NON-HSC HOSPITAL TOTAL	295	1,667		2,717,883.83		1630.40	.014	9213.17	22.37
ACCOMMODATIONS	295	1,667		796,908.56		478.05	.014	2701.38	6.56
ADMINISTRATIVE DAYS	59	450		85,793.08		190.65	.004	1454.12	.71
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	245	1,217		711,115.48		584.32	.010	2902.51	5.85
ANCILLARIES	291	0		1,920,975.27		.00	.000	6601.29	15.81
INPATIENT CROSSOVERS	802	4,741		739,402.52		155.96	.039	921.95	6.08
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,631	28,859		606,578.04		21.02	.237	107.72	4.99
MEDICAL	342	541		21,421.57		39.60	.004	62.64	.18
SURGERY	108	126		8,502.46		67.48	.001	78.73	.07
PATHOLOGY	596	3,189		32,205.86		10.10	.026	54.04	.27
RADIOLOGY	470	854		63,470.48		74.32	.007	135.04	.52
ROOM USE	502	667		25,527.04		38.27	.005	50.85	.21
CROSSOVERS/ALL OTH OUTPTNT	4,834	23,482		455,450.63		19.40	.193	94.22	3.75
@COUNTY HOSPITAL TOTAL	333	1,812	\$	959,251.24	\$	529.39	.015	2880.63	7.89
CO HOSPITAL INPATIENT TOTAL	194	1,256		941,162.80		749.33	.010	4851.35	7.75
HSC HOSPITALS	155	840		877,972.57		1045.21	.007	5664.34	7.23
NON-HSC HOSPITALS TOTAL	4	46		30,591.56		665.03	.000	7647.89	.25
ACCOMMODATIONS	4	46		10,482.91		227.89	.000	2620.73	.09
ADMINISTRATIVE DAYS	4	46		10,482.91		227.89	.000	2620.73	.09
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	4	0		20,108.65		.00	.000	5027.16	.17
INPATIENT CROSSOVERS	36	370		32,598.67		88.10	.003	905.52	.27
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	143	556		18,088.44		32.53	.005	126.49	.15
MEDICAL	36	50		2,204.17		44.08	.000	61.23	.02
SURGERY	20	28		1,343.37		47.98	.000	67.17	.01
PATHOLOGY	36	165		2,829.79		17.15	.001	78.61	.02
RADIOLOGY	21	33		4,897.35		148.40	.000	233.21	.04
ROOM USE	60	80		3,489.93		43.62	.001	58.17	.03
CROSSOVERS/ALL OTH OUTPTNT	79	200		3,323.83		16.62	.002	42.07	.03
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121,515 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	6,579	35,624	\$ 5,251,389.28	\$ 147.41	.293	\$ 798.20	\$ 43.22		
COMM HOSP INPATIENT TOTAL	1,299	7,321	4,662,899.68	636.92	.060	3589.61	38.37		
HSC HOSPITALS	259	1,329	1,268,803.56	954.71	.011	4898.86	10.44		

NON-HSC HOSPITALS TOTAL	292	1,621	2,687,292.27	1657.80	.013	9203.06	22.11
ACCOMMODATIONS	292	1,621	786,425.65	485.15	.013	2693.24	6.47
ADMINISTRATIVE DAYS	56	404	75,310.17	186.41	.003	1344.82	.62
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	245	1,217	711,115.48	584.32	.010	2902.51	5.85
ANCILLARIES	288	0	1,900,866.62	.00	.000	6600.23	15.64
INPATIENT CROSSOVERS	767	4,371	706,803.85	161.70	.036	921.52	5.82
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,500	28,303	588,489.60	20.79	.233	107.00	4.84
MEDICAL	307	491	19,217.40	39.14	.004	62.60	.16
SURGERY	88	98	7,159.09	73.05	.001	81.35	.06
PATHOLOGY	560	3,024	29,376.07	9.71	.025	52.46	.24
RADIOLOGY	450	821	58,573.13	71.34	.007	130.16	.48
ROOM USE	444	587	22,037.11	37.54	.005	49.63	.18
CROSSOVERS/ALL OTH OUTPTNT	4,759	23,282	452,126.80	19.42	.192	95.00	3.72
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	15,490	463,761	\$	52,394,141.33	\$ 112.98	3.816	\$ 3382.45	\$ 431.17
LEV A-INTERMEDIATE	19	838		55,420.11	66.13	.007	2916.85	.46
LEV B-REHAB MD	29	894		92,946.51	103.97	.007	3205.05	.76
LEV B-SUBACUTE FREESTANDING	15	404		152,335.83	377.07	.003	10155.72	1.25
LEV B-SUBACUTE HSPTL BASED	21	980		423,564.88	432.21	.008	20169.76	3.49
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	15,419	460,645		51,669,874.00	112.17	3.791	3351.05	425.21
@INTERMEDIATE CARE FACIL.-DD	3	44	\$	6,031.38	\$ 137.08	.000	\$ 2010.46	\$.05
ICF DDH	3	44		6,031.38	137.08	.000	2010.46	.05
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	745	3,639	\$	492,590.54	\$ 135.36	.030	\$ 661.20	\$ 4.05
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	745	3,639		492,590.54	135.36	.030	661.20	4.05
@REHABILITATION FACILITY	3	4	\$	135.15	\$ 33.79	.000	\$ 45.05	\$.00
HOSPITAL BASED	3	4		135.15	33.79	.000	45.05	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	650	2,830	\$	33,152.35	\$ 11.71	.023	\$ 51.00	\$.27
PATHOLOGY	573	2,709		32,273.05	11.91	.022	56.32	.27
XO AND OTHERS	77	121		879.30	7.27	.001	11.42	.01
@ORGANIZED OUTPATIENT CLINIC	13,752	23,751	\$	4,275,554.83	\$ 180.02	.195	\$ 310.90	\$ 35.19
CLINIC	303	771		24,167.86	31.35	.006	79.76	.20
SURGICENTER	113	238		23,758.60	99.83	.002	210.25	.20
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	13,404	22,742		4,227,628.37	185.90	.187	315.40	34.79
#CALIF DEPT OF HEALTH SERV								
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				----- MONTHLY AVERAGE -----			
121,515 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	13,300	2,772,906	\$ 3,768,420.81	\$ 1.36	22.819	\$ 283.34	\$ 31.01
DURABLE MED. EQUIP.	870	4,715	387,140.89	82.11	.039	444.99	3.19
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	162	190	97,532.51	513.33	.002	602.05	.80
MEDICAL TRANSPORTATION	1,746	77,877	363,096.89	4.66	.641	207.96	2.99
AMBULANCES/AIR TRANS	348	2,822	42,116.58	14.92	.023	121.02	.35
OTHER TRANS	1,329	74,311	313,643.34	4.22	.612	236.00	2.58
OTHER SERVICES	139	744	7,336.97	9.86	.006	52.78	.06
ACUPUNCTURE	580	2,305	40,401.78	17.53	.019	69.66	.33
ADULT DAY HEALTH CARE CTR	1,052	13,092	908,749.98	69.41	.108	863.83	7.48
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	470	4,972	371,663.08	74.75	.041	790.77	3.06
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,538	6,368	78,705.34	12.36	.052	31.01	.65
PHYSICAL THERAPIST	3	9	78.65	8.74	.000	26.22	.00
PORTABLE X-RAY	259	447	1,615.56	3.61	.004	6.24	.01
PROSTHETIST/ORTHOTISTS	223	561	17,744.18	31.63	.005	79.57	.15
PROSTHETICS	216	552	16,960.40	30.73	.005	78.52	.14
ORTHOTICS	7	9	783.78	87.09	.000	111.97	.01
PSYCHOLOGIST	21	27	501.23	18.56	.000	23.87	.00
SPEECH AND AUDIOLOGY	518	1,140	135,196.49	118.59	.009	261.00	1.11
HOSPICE SERVICES	300	7,195	858,027.09	119.25	.059	2860.09	7.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	102	341.86	3.35	.001	68.37	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	5,803	2,653,905		507,520.28		.19	21.840	87.46	4.18
@CALIF. CHILDREN SERVICES*	6	10	\$	1,273.30	\$	127.33	.000	\$ 212.22	\$.01
@XOVER EXCLUDING STATE HOSP**	21,974	343,749	\$	3,465,405.37	\$	10.08	2.829	\$ 157.70	\$ 28.52

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR ALL BLIND

5,599 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,119	359,196	\$ 3,583,372.62	\$ 9.98	64.154	\$ 869.96	\$ 640.00
@PHYSICIANS SERVICES	1,029	4,684	\$ 124,212.58	\$ 26.52	.837	\$ 120.71	\$ 22.18
OUTPATIENT VISITS	466	736	30,698.82	41.71	.131	65.88	5.48
OFFICE VISITS	311	459	14,752.03	32.14	.082	47.43	2.63
HOME VISITS	16	20	747.40	37.37	.004	46.71	.13
EMERGENCY ROOM	141	187	12,902.98	69.00	.033	91.51	2.30
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	6	494.54	82.42	.001	123.64	.09
OTHER OUTPATIENT	44	64	1,801.87	28.15	.011	40.95	.32
INPATIENT VISITS	79	420	18,825.07	44.82	.075	238.29	3.36
HOSPITAL VISITS	75	403	17,394.67	43.16	.072	231.93	3.11
CRITICAL CARE	7	10	1,216.00	121.60	.002	173.71	.22
SNF/ICF/TRANS IP CARE	4	7	214.40	30.63	.001	53.60	.04
OPHTHALMOLOGICAL SERVICES	55	86	3,589.25	41.74	.015	65.26	.64
EXAMINATIONS	55	86	3,589.25	41.74	.015	65.26	.64
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	33	213	10,056.00	47.21	.038	304.73	1.80
PRINCIPAL SURGEON	19	29	6,861.65	236.61	.005	361.14	1.23
ASSISTANT SURGEON	3	3	367.46	122.49	.001	122.49	.07
ANESTHESIOLOGIST	12	181	2,826.89	15.62	.032	235.57	.50
OUTPATIENT SURGERY	69	155	13,356.25	86.17	.028	193.57	2.39
PRINCIPAL SURGEON	58	87	11,693.29	134.41	.016	201.61	2.09
ASSISTANT SURGEON	1	1	131.24	131.24	.000	131.24	.02
ANESTHESIOLOGIST	12	67	1,531.72	22.86	.012	127.64	.27
DIALYSIS	42	152	11,523.08	75.81	.027	274.36	2.06
PATHOLOGY	91	795	2,328.42	2.93	.142	25.59	.42
RADIOLOGY	149	343	13,647.93	39.79	.061	91.60	2.44
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	12	221.45	18.45	.002	22.15	.04
OTHER SERVICES/ALL X-OVERS	512	1,772	19,966.31	11.27	.316	39.00	3.57
@PHARMACY	3,228	85,709	\$ 1,214,021.86	\$ 14.16	15.308	\$ 376.09	\$ 216.83
PRESCRIPTION DRUGS	3,136	13,102	1,128,447.46	86.13	2.340	359.84	201.54
SNF/ICF	126	834	49,434.39	59.27	.149	392.34	8.83
OUTPATIENTS	3,028	12,268	1,079,013.07	87.95	2.191	356.35	192.72
MEDICAL SUPPLIES	642	72,607	85,574.40	1.18	12.968	133.29	15.28
@DENTIST	280	1,177	\$ 49,433.63	\$ 42.00	.210	\$ 176.55	\$ 8.83
VISITS - DIAGNOSTIC	186	758	9,436.00	12.45	.135	50.73	1.69
ORAL SURGERY	36	106	5,935.00	55.99	.019	164.86	1.06
DRUGS	2	2	.00	.00	.000	.00	.00
ANESTHESIA	3	3	300.00	100.00	.001	100.00	.05
PERIODONTICS	23	24	3,673.00	153.04	.004	159.70	.66
ENDODONTICS	10	13	3,041.00	233.92	.002	304.10	.54
RESTORATIVE DENTISTRY	72	179	14,023.25	78.34	.032	194.77	2.50
PROSTHETICS	2	2	60.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	34	64	12,025.38	187.90	.011	353.69	2.15
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES	2	4	890.00	222.50	.001	445.00	.16
ALL OTHER SERVICES	11	21	.00	.00	.004	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR ALL BLIND

5,599 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	69	172	\$ 5,710.54	\$ 33.20	.031	\$ 82.76	\$ 1.02
DIAGNOSTIC AND ANC. PROCED	26	28	1,280.17	45.72	.005	49.24	.23
EYE APPLIANCES	47	121	3,603.48	29.78	.022	76.67	.64
OTHER OPTOMETRIC SERVICES	15	23	826.89	35.95	.004	55.13	.15
@CHIROPRACTOR	11	18	\$ 300.96	\$ 16.72	.003	\$ 27.36	\$.05
VISITS	10	17	284.24	16.72	.003	28.42	.05
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.00
@PODIATRIST	91	201	\$ 2,385.94	\$ 11.87	.036	\$ 26.22	\$.43
MEDICINE/INJECTIONS	40	42	1,020.80	24.30	.008	25.52	.18
SURGERY/ANES.	3	4	84.79	21.20	.001	28.26	.02
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	51	155	1,280.35	8.26	.028	25.10	.23
@HOME HEALTH AGENCY	36	2,936	\$ 91,219.01	\$ 31.07	.524	\$ 2533.86	\$ 16.29
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	570	4,121	\$ 702,399.96	\$ 170.44	.736	\$ 1232.28	\$ 125.45
HOSP INPATIENT TOTAL	119	779	605,110.58	776.78	.139	5084.96	108.07
HSC HOSPITALS	44	203	219,193.18	1079.77	.036	4981.66	39.15
NON-HSC HOSPITAL TOTAL	33	214	321,867.59	1504.05	.038	9753.56	57.49
ACCOMMODATIONS	33	214	100,568.53	469.95	.038	3047.53	17.96
ADMINISTRATIVE DAYS	14	71	14,660.32	206.48	.013	1047.17	2.62
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	143	85,908.21	600.76	.026	4090.87	15.34
ANCILLARIES	33	0	221,299.06	.00	.000	6706.03	39.52
INPATIENT CROSSOVERS	46	362	64,049.81	176.93	.065	1392.39	11.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	485	3,342	97,289.38	29.11	.597	200.60	17.38
MEDICAL	107	164	7,102.31	43.31	.029	66.38	1.27
SURGERY	34	46	2,162.09	47.00	.008	63.59	.39
PATHOLOGY	139	1,026	10,115.95	9.86	.183	72.78	1.81
RADIOLOGY	98	233	15,848.92	68.02	.042	161.72	2.83
ROOM USE	201	312	11,663.04	37.38	.056	58.03	2.08
CROSSOVERS/ALL OTH OUTPTNT	303	1,561	50,397.07	32.29	.279	166.33	9.00
@COUNTY HOSPITAL TOTAL	26	385	\$ 60,380.13	\$ 156.83	.069	\$ 2322.31	\$ 10.78
CO HOSPITAL INPATIENT TOTAL	6	48	48,101.62	1002.12	.009	8016.94	8.59
HSC HOSPITALS	5	40	43,502.75	1087.57	.007	8700.55	7.77
NON-HSC HOSPITALS TOTAL	1	5	3,758.87	751.77	.001	3758.87	.67
ACCOMMODATIONS	1	5	1,156.50	231.30	.001	1156.50	.21
ADMINISTRATIVE DAYS	1	5	1,156.50	231.30	.001	1156.50	.21
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	2,602.37	.00	.000	2602.37	.46
INPATIENT CROSSOVERS	1	3	840.00	280.00	.001	840.00	.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	20	337	12,278.51	36.43	.060	613.93	2.19
MEDICAL	12	26	1,160.79	44.65	.005	96.73	.21
SURGERY	9	18	263.13	14.62	.003	29.24	.05
PATHOLOGY	5	132	1,370.85	10.39	.024	274.17	.24
RADIOLOGY	4	14	1,604.18	114.58	.003	401.05	.29
ROOM USE	16	48	1,827.81	38.08	.009	114.24	.33

5,599 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	555	3,736	\$ 642,019.83	\$ 171.85	.667	\$ 1156.79	\$ 114.67
COMM HOSP INPATIENT TOTAL	114	731	557,008.96	761.98	.131	4886.04	99.48
HSC HOSPITALS	39	163	175,690.43	1077.86	.029	4504.88	31.38
NON-HSC HOSPITALS TOTAL	33	209	318,108.72	1522.05	.037	9639.66	56.82
ACCOMMODATIONS	33	209	99,412.03	475.66	.037	3012.49	17.76
ADMINISTRATIVE DAYS	14	66	13,503.82	204.60	.012	964.56	2.41
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	143	85,908.21	600.76	.026	4090.87	15.34
ANCILLARIES	33	0	218,696.69	.00	.000	6627.17	39.06
INPATIENT CROSSOVERS	45	359	63,209.81	176.07	.064	1404.66	11.29
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	475	3,005	85,010.87	28.29	.537	178.97	15.18
MEDICAL	99	138	5,941.52	43.05	.025	60.02	1.06
SURGERY	26	28	1,898.96	67.82	.005	73.04	.34
PATHOLOGY	138	894	8,745.10	9.78	.160	63.37	1.56
RADIOLOGY	96	219	14,244.74	65.04	.039	148.38	2.54
ROOM USE	189	264	9,835.23	37.25	.047	52.04	1.76
CROSSOVERS/ALL OTH OUTPTNT	298	1,462	44,345.32	30.33	.261	148.81	7.92
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	108	2,775	\$ 351,154.62	\$ 126.54	.496	\$ 3251.43	\$ 62.72
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	108	2,775	351,154.62	126.54	.496	3251.43	62.72
@INTERMEDIATE CARE FACIL.-DD	51	1,626	\$ 247,171.97	\$ 152.01	.290	\$ 4846.51	\$ 44.15
ICF DDH	39	1,255	179,356.88	142.91	.224	4598.89	32.03
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	371	67,815.09	182.79	.066	5651.26	12.11
@HEMODIALYSIS TOTAL	146	2,659	\$ 154,001.01	\$ 57.92	.475	\$ 1054.80	\$ 27.51
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	146	2,659	154,001.01	57.92	.475	1054.80	27.51
@REHABILITATION FACILITY	16	289	\$ 3,765.44	\$ 13.03	.052	\$ 235.34	\$.67
HOSPITAL BASED	4	12	285.51	23.79	.002	71.38	.05
INDEPENDENT FACILITY	12	277	3,479.93	12.56	.049	289.99	.62
@LABORATORY FACILITY	121	700	\$ 7,618.02	\$ 10.88	.125	\$ 62.96	\$ 1.36
PATHOLOGY	119	692	7,611.91	11.00	.124	63.97	1.36
XO AND OTHERS	2	8	6.11	.76	.001	3.06	.00
@ORGANIZED OUTPATIENT CLINIC	858	1,365	\$ 268,676.64	\$ 196.83	.244	\$ 313.14	\$ 47.99
CLINIC	25	58	1,603.17	27.64	.010	64.13	.29
SURGICENTER	2	2	224.69	112.35	.000	112.35	.04
HEROIN DETOX CLINIC	1	18	199.08	11.06	.003	199.08	.04
RURAL HEALTH CLINIC	832	1,287	266,649.70	207.19	.230	320.49	47.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,144
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CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR ALL BLIND						

5,599 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	919	250,764	\$ 361,300.44	\$ 1.44	44.787	\$ 393.15	\$ 64.53

DURABLE MED. EQUIP.	93	605	78,423.43	129.63	.108	843.26	14.01
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	14	21	6,714.98	319.76	.004	479.64	1.20
MEDICAL TRANSPORTATION	203	19,359	83,827.74	4.33	3.458	412.94	14.97
AMBULANCES/AIR TRANS	101	633	11,755.42	18.57	.113	116.39	2.10
OTHER TRANS	108	18,722	72,024.88	3.85	3.344	666.90	12.86
OTHER SERVICES	4	4	47.44	11.86	.001	11.86	.01
ACUPUNCTURE	15	86	1,524.64	17.73	.015	101.64	.27
ADULT DAY HEALTH CARE CTR	34	569	39,629.78	69.65	.102	1165.58	7.08
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	67	1,170	59,719.19	51.04	.209	891.33	10.67
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	61	176	4,717.49	26.80	.031	77.34	.84
PHYSICAL THERAPIST	3	8	91.66	11.46	.001	30.55	.02
PORTABLE X-RAY	1	3	81.04	27.01	.001	81.04	.01
PROSTHETIST/ORTHOTISTS	24	75	4,999.83	66.66	.013	208.33	.89

PROSTHETICS	22	72		4,901.82		68.08	.013	222.81	.88
ORTHOTICS	2	3		98.01		32.67	.001	49.01	.02
PSYCHOLOGIST	10	12		345.11		28.76	.002	34.51	.06
SPEECH AND AUDIOLOGY	33	95		7,263.76		76.46	.017	220.11	1.30
HOSPICE SERVICES	5	82		11,782.98		143.69	.015	2356.60	2.10
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	76	1,910		14,857.68		7.78	.341	195.50	2.65
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	398	226,593		47,321.13		.21	40.470	118.90	8.45
@CALIF. CHILDREN SERVICES*	104	2,725	\$	81,629.55	\$	29.96	.487	\$ 784.90	\$ 14.58
@XOVER EXCLUDING STATE HOSP**	785	7,117	\$	201,467.21	\$	28.31	1.271	\$ 256.65	\$ 35.98

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,145
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR ALL DISABLED	

195,394 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	148,602	8,418,349	\$ 133,651,543.45	\$ 15.88	43.084	\$ 899.39	\$ 684.01
@PHYSICIANS SERVICES	32,981	157,471	\$ 4,803,109.07	\$ 30.50	.806	\$ 145.63	\$ 24.58
OUTPATIENT VISITS	16,919	24,491	1,052,859.92	42.99	.125	62.23	5.39
OFFICE VISITS	9,237	12,409	389,685.46	31.40	.064	42.19	1.99
HOME VISITS	624	754	32,073.40	42.54	.004	51.40	.16
EMERGENCY ROOM	6,951	9,398	570,114.78	60.66	.048	82.02	2.92
PREVENTIVE CARE	9	9	401.27	44.59	.000	44.59	.00
OB VISITS/COMPRE PERI	33	74	4,020.87	54.34	.000	121.84	.02
OTHER OUTPATIENT	1,444	1,847	56,564.14	30.62	.009	39.17	.29
INPATIENT VISITS	3,898	25,506	1,170,165.67	45.88	.131	300.20	5.99
HOSPITAL VISITS	3,237	22,585	959,173.43	42.47	.116	296.32	4.91
CRITICAL CARE	311	1,211	155,290.48	128.23	.006	499.33	.79
SNF/ICF/TRANS IP CARE	679	1,710	55,701.76	32.57	.009	82.03	.29
OPHTHALMOLOGICAL SERVICES	562	704	29,257.28	41.56	.004	52.06	.15
EXAMINATIONS	558	700	29,143.41	41.63	.004	52.23	.15
SERVICES AND MATERIALS	4	4	113.87	28.47	.000	28.47	.00
INPATIENT HOSPITAL SURGERY	1,395	10,533	694,974.89	65.98	.054	498.19	3.56
PRINCIPAL SURGEON	1,024	1,779	523,997.10	294.55	.009	511.72	2.68
ASSISTANT SURGEON	105	111	25,531.94	230.02	.001	243.16	.13
ANESTHESIOLOGIST	551	8,643	145,445.85	16.83	.044	263.97	.74
OUTPATIENT SURGERY	1,888	3,965	308,230.70	77.74	.020	163.26	1.58
PRINCIPAL SURGEON	1,679	2,146	258,702.19	120.55	.011	154.08	1.32
ASSISTANT SURGEON	7	7	876.49	125.21	.000	125.21	.00
ANESTHESIOLOGIST	281	1,812	48,652.02	26.85	.009	173.14	.25
DIALYSIS	622	2,190	164,261.63	75.01	.011	264.09	.84
PATHOLOGY	3,493	26,210	111,800.63	4.27	.134	32.01	.57
RADIOLOGY	5,766	13,051	444,115.49	34.03	.067	77.02	2.27
PSYCHIATRY	12	18	426.97	23.72	.000	35.58	.00
IMMUNIZATION AND INJECTION	466	2,057	102,760.37	49.96	.011	220.52	.53
OTHER SERVICES/ALL X-OVERS	14,021	48,746	724,255.52	14.86	.249	51.66	3.71
@PHARMACY	108,806	1,658,682	\$ 40,706,673.16	\$ 24.54	8.489	\$ 374.12	\$ 208.33
PRESCRIPTION DRUGS	107,167	444,113	38,601,277.10	86.92	2.273	360.20	197.56
SNF/ICF	6,196	43,782	3,329,177.05	76.04	.224	537.31	17.04
OUTPATIENTS	101,506	400,331	35,272,100.05	88.11	2.049	347.49	180.52
MEDICAL SUPPLIES	10,654	1,214,569	2,105,396.06	1.73	6.216	197.62	10.78
@DENTIST	12,790	60,085	\$ 2,451,258.73	\$ 40.80	.308	\$ 191.65	\$ 12.55
VISITS - DIAGNOSTIC	8,370	36,189	426,728.09	11.79	.185	50.98	2.18
ORAL SURGERY	1,912	5,792	304,575.38	52.59	.030	159.30	1.56

DRUGS	82	90	1,425.00	15.83	.000	17.38	.01
ANESTHESIA	93	94	9,200.00	97.87	.000	98.92	.05
PERIODONTICS	1,201	1,241	179,445.50	144.60	.006	149.41	.92
ENDODONTICS	680	979	204,743.50	209.14	.005	301.09	1.05
RESTORATIVE DENTISTRY	3,667	10,253	772,654.50	75.36	.052	210.70	3.95
PROSTHETICS	113	116	3,415.00	29.44	.001	30.22	.02
DENTURES, STAYPLATES	1,625	4,697	538,508.77	114.65	.024	331.39	2.76
SPACE MAINTAINERS	7	9	330.00	36.67	.000	47.14	.00
MAXILLOFACIAL SERVICES	15	17	1,233.99	72.59	.000	82.27	.01
FRACTURES, DISLOCATIONS	1	1	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	105	124	8,520.00	68.71	.001	81.14	.04
ALL OTHER SERVICES	350	483	479.00	.99	.002	1.37	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,146
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR ALL DISABLED						

195,394 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,611	7,195	\$ 153,064.33	\$ 21.27	.037	\$ 58.62	\$.78
DIAGNOSTIC AND ANC. PROCED	1,116	1,132	51,487.40	45.48	.006	46.14	.26
EYE APPLIANCES	1,932	5,660	93,632.82	16.54	.029	48.46	.48
OTHER OPTOMETRIC SERVICES	236	403	7,944.11	19.71	.002	33.66	.04
@CHIROPRACTOR	88	179	\$ 2,720.83	\$ 15.20	.001	\$ 30.92	\$.01
VISITS	75	148	2,460.58	16.63	.001	32.81	.01
OTHER SERVICES	13	31	260.25	8.40	.000	20.02	.00
@PODIATRIST	2,142	3,328	\$ 56,979.28	\$ 17.12	.017	\$ 26.60	\$.29
MEDICINE/INJECTIONS	867	1,039	26,329.14	25.34	.005	30.37	.13
SURGERY/ANES.	293	325	5,824.09	17.92	.002	19.88	.03
RADIO./PATHOLOGY	49	67	1,189.40	17.75	.000	24.27	.01
OTHER	1,121	1,897	23,636.65	12.46	.010	21.09	.12
@HOME HEALTH AGENCY	736	54,528	\$ 1,727,083.61	\$ 31.67	.279	\$ 2346.58	\$ 8.84
NURSE ANESTHESIST	12	55	\$ 1,221.19	\$ 22.20	.000	\$ 101.77	\$.01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	13	32	\$ 338.32	\$ 10.57	.000	\$ 26.02	\$.00
@TOTAL HOSPITAL	20,031	134,196	\$ 32,433,162.65	\$ 241.69	.687	\$ 1619.15	\$ 165.99
HOSP INPATIENT TOTAL	3,637	28,592	29,904,592.42	1045.91	.146	8222.32	153.05
HSC HOSPITALS	1,956	14,807	17,925,490.67	1210.61	.076	9164.36	91.74
NON-HSC HOSPITAL TOTAL	895	7,126	10,951,975.43	1536.90	.036	12236.84	56.05
ACCOMMODATIONS	894	7,126	3,303,572.79	463.59	.036	3695.27	16.91
ADMINISTRATIVE DAYS	242	2,922	649,351.87	222.23	.015	2683.27	3.32
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	676	4,204	2,654,220.92	631.36	.022	3926.36	13.58
ANCILLARIES	889	0	7,648,402.64	.00	.000	8603.38	39.14
INPATIENT CROSSOVERS	926	6,659	1,027,126.32	154.25	.034	1109.21	5.26
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	17,354	105,604	2,528,570.23	23.94	.540	145.71	12.94
MEDICAL	3,585	5,721	209,926.46	36.69	.029	58.56	1.07
SURGERY	1,026	1,225	55,562.95	45.36	.006	54.15	.28
PATHOLOGY	5,451	34,004	339,511.51	9.98	.174	62.28	1.74
RADIOLOGY	3,910	6,438	440,917.73	68.49	.033	112.77	2.26
ROOM USE	8,968	12,976	472,966.85	36.45	.066	52.74	2.42
CROSSOVERS/ALL OTH OUTPTNT	9,967	45,240	1,009,684.73	22.32	.232	101.30	5.17
@COUNTY HOSPITAL TOTAL	1,681	10,747	\$ 6,459,316.71	\$ 601.03	.055	\$ 3842.54	\$ 33.06
CO HOSPITAL INPATIENT TOTAL	988	7,472	6,366,515.55	852.05	.038	6443.84	32.58
HSC HOSPITALS	786	5,166	5,812,727.18	1125.19	.026	7395.33	29.75
NON-HSC HOSPITALS TOTAL	43	776	375,139.12	483.43	.004	8724.17	1.92
ACCOMMODATIONS	43	776	178,570.04	230.12	.004	4152.79	.91
ADMINISTRATIVE DAYS	41	765	174,330.43	227.88	.004	4251.96	.89
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	2	11	4,239.61	385.42	.000	2119.81	.02
ANCILLARIES	43	0	196,569.08	.00	.000	4571.37	1.01
INPATIENT CROSSOVERS	180	1,530	178,649.25	116.76	.008	992.50	.91
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	712	3,275	92,801.16	28.34	.017	130.34	.47
MEDICAL	214	304	11,253.97	37.02	.002	52.59	.06
SURGERY	87	111	4,731.64	42.63	.001	54.39	.02
PATHOLOGY	252	1,108	14,866.87	13.42	.006	59.00	.08
RADIOLOGY	129	217	20,989.25	96.72	.001	162.71	.11
ROOM USE	433	602	23,824.80	39.58	.003	55.02	.12
CROSSOVERS/ALL OTH OUTPTNT	296	933	17,134.63	18.37	.005	57.89	.09

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR ALL DISABLED

195,394 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18,658	123,449	\$ 25,973,845.94	\$ 210.40	.632	\$ 1392.10	\$ 132.93
COMM HOSP INPATIENT TOTAL	2,715	21,120	23,538,076.87	1114.49	.108	8669.64	120.46
HSC HOSPITALS	1,207	9,641	12,112,763.49	1256.38	.049	10035.43	61.99
NON-HSC HOSPITALS TOTAL	854	6,350	10,576,836.31	1665.64	.032	12385.05	54.13
ACCOMMODATIONS	853	6,350	3,125,002.75	492.13	.032	3663.54	15.99
ADMINISTRATIVE DAYS	201	2,157	475,021.44	220.22	.011	2363.29	2.43
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	674	4,193	2,649,981.31	632.00	.021	3931.72	13.56
ANCILLARIES	848	0	7,451,833.56	.00	.000	8787.54	38.14
INPATIENT CROSSOVERS	747	5,129	848,477.07	165.43	.026	1135.85	4.34
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	16,770	102,329	2,435,769.07	23.80	.524	145.25	12.47
MEDICAL	3,385	5,417	198,672.49	36.68	.028	58.69	1.02
SURGERY	941	1,114	50,831.31	45.63	.006	54.02	.26
PATHOLOGY	5,220	32,896	324,644.64	9.87	.168	62.19	1.66
RADIOLOGY	3,790	6,221	419,928.48	67.50	.032	110.80	2.15
ROOM USE	8,606	12,374	449,142.05	36.30	.063	52.19	2.30
CROSSOVERS/ALL OTH OUTPTNT	9,696	44,307	992,550.10	22.40	.227	102.37	5.08
@STATE HOSPITAL	12	435	\$ 250,846.82	\$ 576.66	.002	\$ 20903.90	\$ 1.28
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	435	250,846.82	576.66	.002	20903.90	1.28
@NURSING FACILITY	4,481	127,893	\$ 18,359,270.97	\$ 143.55	.655	\$ 4097.14	\$ 93.96
LEV A-INTERMEDIATE	23	860	65,557.94	76.23	.004	2850.35	.34
LEV B-REHAB MD	275	8,647	1,037,203.33	119.95	.044	3771.65	5.31
LEV B-SUBACUTE FREESTANDING	30	972	550,134.84	565.98	.005	18337.83	2.82
LEV B-SUBACUTE HSPTL BASED	150	4,991	2,307,036.51	462.24	.026	15380.24	11.81
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	4,009	112,423	14,399,338.35	128.08	.575	3591.75	73.69
@INTERMEDIATE CARE FACIL.-DD	1,327	41,631	\$ 6,450,084.57	\$ 154.93	.213	\$ 4860.65	\$ 33.01
ICF DDH	887	28,301	4,012,002.93	141.76	.145	4523.11	20.53
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	440	13,330	2,438,081.64	182.90	.068	5541.09	12.48
@HEMODIALYSIS TOTAL	2,054	44,017	\$ 2,278,507.74	\$ 51.76	.225	\$ 1109.30	\$ 11.66
HOSPITAL BASED	4	60	23,454.00	390.90	.000	5863.50	.12
HEMODIALYSIS CENTER	2,050	43,957	2,255,053.74	51.30	.225	1100.03	11.54
@REHABILITATION FACILITY	465	7,446	\$ 98,376.23	\$ 13.21	.038	\$ 211.56	\$.50
HOSPITAL BASED	182	610	17,906.57	29.36	.003	98.39	.09
INDEPENDENT FACILITY	283	6,836	80,469.66	11.77	.035	284.35	.41
@LABORATORY FACILITY	3,999	21,946	\$ 264,217.04	\$ 12.04	.112	\$ 66.07	\$ 1.35
PATHOLOGY	3,925	21,802	262,784.51	12.05	.112	66.95	1.34
XO AND OTHERS	77	144	1,432.53	9.95	.001	18.60	.01
@ORGANIZED OUTPATIENT CLINIC	40,872	72,004	\$ 16,246,601.89	\$ 225.63	.369	\$ 397.50	\$ 83.15
CLINIC	996	3,387	118,567.81	35.01	.017	119.04	.61

SURGICENTER	49	118	8,621.74	73.07	.001	175.95	.04
HEROIN DETOX CLINIC	67	736	8,420.96	11.44	.004	125.69	.04
RURAL HEALTH CLINIC	40,045	67,763	16,110,991.38	237.75	.347	402.32	82.45

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR ALL DISABLED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
195,394 ELIGIBLES							
@ALL OTHER PROVIDERS	26,250	6,027,226	\$ 7,368,027.02	\$ 1.22	30.847	\$ 280.69	\$ 37.71
DURABLE MED. EQUIP.	2,337	13,790	1,541,777.70	111.80	.071	659.73	7.89
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	105	153	42,243.17	276.10	.001	402.32	.22
MEDICAL TRANSPORTATION	5,792	171,086	1,197,857.11	7.00	.876	206.81	6.13
AMBULANCES/AIR TRANS	4,554	43,241	656,979.77	15.19	.221	144.26	3.36
OTHER TRANS	1,305	126,917	512,899.53	4.04	.650	393.03	2.62
OTHER SERVICES	120	928	27,977.81	30.15	.005	233.15	.14
ACUPUNCTURE	360	1,220	21,568.01	17.68	.006	59.91	.11
ADULT DAY HEALTH CARE CTR	891	11,523	799,510.15	69.38	.059	897.32	4.09
GENETIC DISEASE TESTING	21	21	2,205.00	105.00	.000	105.00	.01
IHMC, MODEL-NF, NF, AIDS, MSSP	826	22,027	893,802.61	40.58	.113	1082.09	4.57
OCCUPATIONAL THERAPIST	2	2	36.08	18.04	.000	18.04	.00
OPTICIAN	3,844	9,261	115,342.08	12.45	.047	30.01	.59
PHYSICAL THERAPIST	3	8	46.37	5.80	.000	15.46	.00
PORTABLE X-RAY	132	260	2,992.55	11.51	.001	22.67	.02
PROSTHETIST/ORTHOTISTS	575	2,102	230,207.96	109.52	.011	400.36	1.18
PROSTHETICS	533	2,042	226,357.04	110.85	.010	424.68	1.16
ORTHOTICS	44	60	3,850.92	64.18	.000	87.52	.02
PSYCHOLOGIST	243	597	8,716.84	14.60	.003	35.87	.04
SPEECH AND AUDIOLOGY	1,251	3,888	209,187.01	53.80	.020	167.22	1.07
HOSPICE SERVICES	143	3,475	509,385.35	146.59	.018	3562.14	2.61
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,069	87,247	687,053.15	7.87	.447	168.85	3.52
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8,151	5,700,566	1,106,095.88	.19	29.175	135.70	5.66
@CALIF. CHILDREN SERVICES*	3,215	127,719	\$ 5,933,522.12	\$ 46.46	.654	\$ 1845.57	\$ 30.37
@XOVER EXCLUDING STATE HOSP**	18,613	217,237	\$ 4,081,129.27	\$ 18.79	1.112	\$ 219.26	\$ 20.89

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,149
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR ALL FAMILIES	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
183,452 ELIGIBLES							
@TOTAL, ALL PROVIDERS	133,076	647,661	\$ 49,955,443.35	\$ 77.13	3.530	\$ 375.39	\$ 272.31
@PHYSICIANS SERVICES	15,985	59,708	\$ 3,144,773.72	\$ 52.67	.325	\$ 196.73	\$ 17.14
OUTPATIENT VISITS	9,878	16,214	617,049.76	38.06	.088	62.47	3.36
OFFICE VISITS	4,025	5,064	194,586.88	38.43	.028	48.34	1.06
HOME VISITS	1	1	37.42	37.42	.000	37.42	.00
EMERGENCY ROOM	4,772	5,336	282,443.48	52.93	.029	59.19	1.54
PREVENTIVE CARE	62	63	2,605.90	41.36	.000	42.03	.01
OB VISITS/COMPRI PERI	696	4,852	100,984.68	20.81	.026	145.09	.55
OTHER OUTPATIENT	730	898	36,391.40	40.52	.005	49.85	.20
INPATIENT VISITS	2,427	11,023	887,049.06	80.47	.060	365.49	4.84
HOSPITAL VISITS	2,226	7,650	351,623.60	45.96	.042	157.96	1.92
CRITICAL CARE	366	3,369	535,207.96	158.86	.018	1462.32	2.92

SNF/ICF/TRANS IP CARE	1	4	217.50	54.38	.000	217.50	.00
OPHTHALMOLOGICAL SERVICES	106	146	6,904.74	47.29	.001	65.14	.04
EXAMINATIONS	103	143	6,891.62	48.19	.001	66.91	.04
SERVICES AND MATERIALS	3	3	13.12	4.37	.000	4.37	.00
INPATIENT HOSPITAL SURGERY	2,106	10,444	991,326.19	94.92	.057	470.72	5.40
PRINCIPAL SURGEON	1,598	2,385	770,893.51	323.23	.013	482.41	4.20
ASSISTANT SURGEON	241	248	42,324.89	170.66	.001	175.62	.23
ANESTHESIOLOGIST	775	7,811	178,107.79	22.80	.043	229.82	.97
OUTPATIENT SURGERY	1,145	2,460	176,919.70	71.92	.013	154.52	.96
PRINCIPAL SURGEON	977	1,232	136,916.10	111.13	.007	140.14	.75
ASSISTANT SURGEON	3	3	538.28	179.43	.000	179.43	.00
ANESTHESIOLOGIST	289	1,225	39,465.32	32.22	.007	136.56	.22
DIALYSIS	55	229	17,515.01	76.48	.001	318.45	.10
PATHOLOGY	2,502	9,352	69,284.92	7.41	.051	27.69	.38
RADIOLOGY	2,997	4,821	219,948.68	45.62	.026	73.39	1.20
PSYCHIATRY	6	10	406.61	40.66	.000	67.77	.00

IMMUNIZATION AND INJECTION	361	784		9,767.18		12.46	.004	27.06	.05
OTHER SERVICES/ALL X-OVERS	2,258	4,225		148,601.87		35.17	.023	65.81	.81
@PHARMACY	16,157	62,952	\$	2,485,106.82	\$	39.48	.343	\$ 153.81	\$ 13.55
PRESCRIPTION DRUGS	15,797	35,243		2,357,645.28		66.90	.192	149.25	12.85
SNF/ICF	19	102		9,133.13		89.54	.001	480.69	.05
OUTPATIENTS	15,783	35,141		2,348,512.15		66.83	.192	148.80	12.80
MEDICAL SUPPLIES	880	27,709		127,461.54		4.60	.151	144.84	.69
@DENTIST	33,704	188,630	\$	5,674,903.81	\$	30.08	1.028	\$ 168.37	\$ 30.93
VISITS - DIAGNOSTIC	24,841	126,085		1,694,127.72		13.44	.687	68.20	9.23
ORAL SURGERY	4,936	10,263		620,997.45		60.51	.056	125.81	3.39
DRUGS	1,443	1,669		37,086.25		22.22	.009	25.70	.20
ANESTHESIA	179	180		16,800.00		93.33	.001	93.85	.09
PERIODONTICS	1,290	1,321		185,557.00		140.47	.007	143.84	1.01
ENDODONTICS	2,758	4,937		596,050.65		120.73	.027	216.12	3.25
RESTORATIVE DENTISTRY	12,690	38,790		2,181,819.70		56.25	.211	171.93	11.89
PROSTHETICS	88	91		2,030.00		22.31	.000	23.07	.01
DENTURES, STAYPLATES	586	2,323		190,072.36		81.82	.013	324.36	1.04
SPACE MAINTAINERS	233	284		28,944.00		101.92	.002	124.22	.16
MAXILLOFACIAL SERVICES	53	53		4,167.43		78.63	.000	78.63	.02
FRACTURES, DISLOCATIONS	3	3		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	1,307	1,621		116,506.25		71.87	.009	89.14	.64
ALL OTHER SERVICES	777	1,010		745.00		.74	.006	.96	.00
#CALIF DEPT OF HEALTH SERV									
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----- MONTHLY AVERAGE -----									
183,452 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	683	1,892	\$ 45,737.76	\$ 24.17	.010	\$ 66.97	\$.25		
DIAGNOSTIC AND ANC. PROCED	538	540	24,983.86	46.27	.003	46.44	.14		
EYE APPLIANCES	471	1,342	20,354.94	15.17	.007	43.22	.11		
OTHER OPTOMETRIC SERVICES	9	10	398.96	39.90	.000	44.33	.00		
@CHIROPRACTOR	97	178	\$ 2,898.40	\$ 16.28	.001	\$ 29.88	\$.02		
VISITS	96	172	2,875.84	16.72	.001	29.96	.02		
OTHER SERVICES	1	6	22.56	3.76	.000	22.56	.00		
@PODIATRIST	35	75	\$ 3,360.62	\$ 44.81	.000	\$ 96.02	\$.02		
MEDICINE/INJECTIONS	28	34	1,340.20	39.42	.000	47.86	.01		
SURGERY/ANES.	6	10	607.18	60.72	.000	101.20	.00		
RADIO./PATHOLOGY	9	15	261.22	17.41	.000	29.02	.00		
OTHER	9	16	1,152.02	72.00	.000	128.00	.01		
@HOME HEALTH AGENCY	72	3,437	\$ 107,236.80	\$ 31.20	.019	\$ 1489.40	\$.58		
NURSE ANESTHESIST	150	435	\$ 15,240.39	\$ 35.04	.002	\$ 101.60	\$.08		
NURSE MIDWIFE	9	26	\$ 4,301.84	\$ 165.46	.000	\$ 477.98	\$.02		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	12	19	\$ 491.45	\$ 25.87	.000	\$ 40.95	\$.00		
@TOTAL HOSPITAL	9,815	43,279	\$ 16,668,685.54	\$ 385.14	.236	\$ 1698.29	\$ 90.86		
HOSP INPATIENT TOTAL	2,259	10,572	15,697,211.76	1484.79	.058	6948.74	85.57		
HSC HOSPITALS	1,881	8,697	12,683,210.50	1458.34	.047	6742.80	69.14		
NON-HSC HOSPITAL TOTAL	386	1,860	3,010,203.80	1618.39	.010	7798.46	16.41		
ACCOMMODATIONS	384	1,860	1,222,401.52	657.21	.010	3183.34	6.66		
ADMINISTRATIVE DAYS	15	89	19,891.80	223.50	.000	1326.12	.11		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	371	1,771	1,202,509.72	679.00	.010	3241.27	6.55		
ANCILLARIES	386	0	1,787,802.28	.00	.000	4631.61	9.75		
INPATIENT CROSSOVERS	5	15	3,797.46	253.16	.000	759.49	.02		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	7,861	32,707	971,473.78	29.70	.178	123.58	5.30		
MEDICAL	1,608	2,322	123,254.49	53.08	.013	76.65	.67		
SURGERY	605	705	25,501.93	36.17	.004	42.15	.14		
PATHOLOGY	2,684	12,935	135,590.51	10.48	.071	50.52	.74		

RADIOLOGY	1,987	2,730		194,752.28	71.34	.015	98.01	1.06
ROOM USE	5,979	7,581		280,526.68	37.00	.041	46.92	1.53
CROSSOVERS/ALL OTH OUTPTNT	3,078	6,434		211,847.89	32.93	.035	68.83	1.15
@COUNTY HOSPITAL TOTAL	1,053	3,667	\$	3,035,044.25	\$ 827.66	.020	\$ 2882.28	\$ 16.54
CO HOSPITAL INPATIENT TOTAL	871	2,669		3,006,842.28	1126.58	.015	3452.17	16.39
HSC HOSPITALS	871	2,665		3,005,086.29	1127.61	.015	3450.16	16.38
NON-HSC HOSPITALS TOTAL	1	4		1,755.99	439.00	.000	1755.99	.01
ACCOMMODATIONS	1	4		462.60	115.65	.000	462.60	.00
ADMINISTRATIVE DAYS	1	4		462.60	115.65	.000	462.60	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	1	0		1,293.39	.00	.000	1293.39	.01
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	191	998		28,201.97	28.26	.005	147.65	.15
MEDICAL	37	47		1,776.48	37.80	.000	48.01	.01
SURGERY	54	74		2,235.95	30.22	.000	41.41	.01
PATHOLOGY	90	418		6,432.66	15.39	.002	71.47	.04
RADIOLOGY	23	28		2,019.48	72.12	.000	87.80	.01
ROOM USE	128	211		9,858.26	46.72	.001	77.02	.05
CROSSOVERS/ALL OTH OUTPTNT	89	220		5,879.14	26.72	.001	66.06	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
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CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR ALL FAMILIES							

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	183,452 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8,801	39,612	\$	13,633,641.29	\$ 344.18	.216	\$ 1549.10	\$ 74.32
COMM HOSP INPATIENT TOTAL	1,397	7,903		12,690,369.48	1605.77	.043	9084.02	69.18
HSC HOSPITALS	1,016	6,032		9,678,124.21	1604.46	.033	9525.71	52.76
NON-HSC HOSPITALS TOTAL	385	1,856		3,008,447.81	1620.93	.010	7814.15	16.40
ACCOMMODATIONS	383	1,856		1,221,938.92	658.37	.010	3190.44	6.66
ADMINISTRATIVE DAYS	14	85		19,429.20	228.58	.000	1387.80	.11
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	371	1,771		1,202,509.72	679.00	.010	3241.27	6.55
ANCILLARIES	385	0		1,786,508.89	.00	.000	4640.28	9.74
INPATIENT CROSSOVERS	5	15		3,797.46	253.16	.000	759.49	.02
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7,679	31,709		943,271.81	29.75	.173	122.84	5.14
MEDICAL	1,572	2,275		121,478.01	53.40	.012	77.28	.66
SURGERY	551	631		23,265.98	36.87	.003	42.23	.13
PATHOLOGY	2,596	12,517		129,157.85	10.32	.068	49.75	.70
RADIOLOGY	1,964	2,702		192,732.80	71.33	.015	98.13	1.05
ROOM USE	5,857	7,370		270,668.42	36.73	.040	46.21	1.48
CROSSOVERS/ALL OTH OUTPTNT	2,990	6,214		205,968.75	33.15	.034	68.89	1.12
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	2	175	\$	12,406.19	\$ 70.89	.001	\$ 6203.10	\$.07
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2	175		12,406.19	70.89	.001	6203.10	.07
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	78	2,245	\$	142,730.60	\$ 63.58	.012	\$ 1829.88	\$.78

HOSPITAL BASED	10	119		46,790.88	393.20	.001	4679.09	.26
HEMODIALYSIS CENTER	68	2,126		95,939.72	45.13	.012	1410.88	.52
@REHABILITATION FACILITY	173	1,562	\$	27,107.37	17.35	.009	156.69	.15
HOSPITAL BASED	95	293		12,475.63	42.58	.002	131.32	.07
INDEPENDENT FACILITY	78	1,269		14,631.74	11.53	.007	187.59	.08
@LABORATORY FACILITY	2,400	7,640	\$	114,884.61	15.04	.042	47.87	.63
PATHOLOGY	2,394	7,633		114,480.41	15.00	.042	47.82	.62
XO AND OTHERS	7	7		404.20	57.74	.000	57.74	.00
@ORGANIZED OUTPATIENT CLINIC	61,718	97,620	\$	20,328,956.24	208.25	.532	329.38	110.81
CLINIC	2,560	13,631		357,848.04	26.25	.074	139.78	1.95
SURGICENTER	8	38		1,447.76	38.10	.000	180.97	.01
HEROIN DETOX CLINIC	14	199		2,225.72	11.18	.001	158.98	.01
RURAL HEALTH CLINIC	59,346	83,752		19,967,434.72	238.41	.457	336.46	108.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,152
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR ALL FAMILIES							

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
183,452 ELIGIBLES							
@ALL OTHER PROVIDERS	17,046	177,788	\$ 1,176,621.19	\$ 6.62	.969	\$ 69.03	\$ 6.41
DURABLE MED. EQUIP.	142	771	65,186.23	84.55	.004	459.06	.36
BLOOD BANK	3	792	2,376.00	3.00	.004	792.00	.01
HEARING AID DISPENSERS	9	31	7,058.93	227.71	.000	784.33	.04
MEDICAL TRANSPORTATION	1,068	13,223	226,036.90	17.09	.072	211.65	1.23
AMBULANCES/AIR TRANS	1,056	11,739	166,851.13	14.21	.064	158.00	.91
OTHER TRANS	20	1,454	5,710.77	3.93	.008	285.54	.03
OTHER SERVICES	30	30	53,475.00	1782.50	.000	1782.50	.29
ACUPUNCTURE	97	285	5,269.96	18.49	.002	54.33	.03
ADULT DAY HEALTH CARE CTR	1	1	72.00	72.00	.000	72.00	.00
GENETIC DISEASE TESTING	779	781	79,394.00	101.66	.004	101.92	.43
IHMC,MODEL-NF,NF,AIDS,MSSP	1	74	2,001.50	27.05	.000	2001.50	.01
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4,103	8,732	81,533.73	9.34	.048	19.87	.44
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	122	336	45,617.90	135.77	.002	373.92	.25
PROSTHETICS	92	305	42,993.70	140.96	.002	467.32	.23
ORTHOTICS	31	31	2,624.20	84.65	.000	84.65	.01
PSYCHOLOGIST	14	123	7,292.63	59.29	.001	520.90	.04
SPEECH AND AUDIOLOGY	35	102	9,784.76	95.93	.001	279.56	.05
HOSPICE SERVICES	1	28	4,585.84	163.78	.000	4585.84	.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10,760	56,279	622,762.31	11.07	.307	57.88	3.39
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	67	96,230	17,648.50	.18	.525	263.41	.10
@CALIF. CHILDREN SERVICES*	3,378	35,393	\$ 9,175,586.31	\$ 259.25	.193	\$ 2716.28	\$ 50.02
@XOVER EXCLUDING STATE HOSP**	90	1,235	\$ 26,381.45	\$ 21.36	.007	\$ 293.13	\$.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,153
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT							

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
22,412 ELIGIBLES							
@TOTAL, ALL PROVIDERS	10,999	89,309	\$ 4,732,484.50	\$ 52.99	3.985	\$ 430.26	\$ 211.16
@PHYSICIANS SERVICES	2,521	8,456	\$ 350,146.58	\$ 41.41	.377	\$ 138.89	\$ 15.62

OUTPATIENT VISITS	1,718	2,748		97,811.26	35.59	.123	56.93	4.36
OFFICE VISITS	1,002	1,230		43,396.55	35.28	.055	43.31	1.94
HOME VISITS	2	2		50.40	25.20	.000	25.20	.00
EMERGENCY ROOM	582	639		34,002.07	53.21	.029	58.42	1.52
PREVENTIVE CARE	16	17		772.35	45.43	.001	48.27	.03
OB VISITS/COMPRE PERI	101	770		16,528.27	21.47	.034	163.65	.74
OTHER OUTPATIENT	84	90		3,061.62	34.02	.004	36.45	.14
INPATIENT VISITS	276	1,275		76,914.65	60.33	.057	278.68	3.43
HOSPITAL VISITS	232	947		40,934.56	43.23	.042	176.44	1.83
CRITICAL CARE	48	257		33,278.16	129.49	.011	693.30	1.48
SNF/ICF/TRANS IP CARE	25	71		2,701.93	38.06	.003	108.08	.12
OPHTHALMOLOGICAL SERVICES	20	22		987.98	44.91	.001	49.40	.04
EXAMINATIONS	19	21		982.69	46.79	.001	51.72	.04
SERVICES AND MATERIALS	1	1		5.29	5.29	.000	5.29	.00
INPATIENT HOSPITAL SURGERY	187	1,597		82,813.91	51.86	.071	442.86	3.70
PRINCIPAL SURGEON	129	194		63,243.58	326.00	.009	490.26	2.82
ASSISTANT SURGEON	10	10		1,685.91	168.59	.000	168.59	.08
ANESTHESIOLOGIST	90	1,393		17,884.42	12.84	.062	198.72	.80
OUTPATIENT SURGERY	202	379		34,088.57	89.94	.017	168.76	1.52
PRINCIPAL SURGEON	185	221		28,777.15	130.21	.010	155.55	1.28
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	60	158		5,311.42	33.62	.007	88.52	.24
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	343	975		6,632.68	6.80	.044	19.34	.30
RADIOLOGY	462	815		33,225.88	40.77	.036	71.92	1.48
PSYCHIATRY	1	1		47.72	47.72	.000	47.72	.00
IMMUNIZATION AND INJECTION	92	180		2,427.70	13.49	.008	26.39	.11
OTHER SERVICES/ALL X-OVERS	296	464		15,196.23	32.75	.021	51.34	.68
@PHARMACY	3,164	18,010	\$	409,819.75	22.76	.804	129.53	18.29
PRESCRIPTION DRUGS	3,133	6,712		398,032.44	59.30	.299	127.05	17.76
SNF/ICF	72	577		34,039.39	58.99	.026	472.77	1.52
OUTPATIENTS	3,063	6,135		363,993.05	59.33	.274	118.84	16.24
MEDICAL SUPPLIES	116	11,298		11,787.31	1.04	.504	101.61	.53
@DENTIST	1,204	6,715	\$	194,322.20	28.94	.300	161.40	8.67
VISITS - DIAGNOSTIC	933	4,670		67,743.70	14.51	.208	72.61	3.02
ORAL SURGERY	124	265		17,798.50	67.16	.012	143.54	.79
DRUGS	39	42		865.00	20.60	.002	22.18	.04
ANESTHESIA	5	6		600.00	100.00	.000	120.00	.03
PERIODONTICS	21	23		2,693.00	117.09	.001	128.24	.12
ENDODONTICS	72	118		17,404.00	147.49	.005	241.72	.78
RESTORATIVE DENTISTRY	443	1,479		81,112.00	54.84	.066	183.10	3.62
PROSTHETICS	4	4		120.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	2	10		376.00	37.60	.000	188.00	.02
SPACE MAINTAINERS	7	8		560.00	70.00	.000	80.00	.02
MAXILLOFACIAL SERVICES	3	3		150.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	46	57		4,900.00	85.96	.003	106.52	.22
ALL OTHER SERVICES	26	30		.00	.00	.001	.00	.00

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
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	22,412 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST		121	300	\$ 7,612.58	\$ 25.38	.013	\$ 62.91	\$.34
DIAGNOSTIC AND ANC. PROCED		83	83	3,846.37	46.34	.004	46.34	.17
EYE APPLIANCES		80	212	3,368.29	15.89	.009	42.10	.15
OTHER OPTOMETRIC SERVICES		5	5	397.92	79.58	.000	79.58	.02
@CHIROPRACTOR		3	4	\$ 66.88	\$ 16.72	.000	\$ 22.29	\$.00
VISITS		3	4	66.88	16.72	.000	22.29	.00

OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	10	26	\$	1,146.78	\$	44.11	.001	\$ 114.68	\$	.05
MEDICINE/INJECTIONS	9	12		454.08		37.84	.001	50.45		.02
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	3	5		86.50		17.30	.000	28.83		.00
OTHER	5	9		606.20		67.36	.000	121.24		.03
@HOME HEALTH AGENCY	11	34	\$	2,279.25	\$	67.04	.002	\$ 207.20	\$	.10
NURSE ANESTHESIST	10	32	\$	1,015.45	\$	31.73	.001	\$ 101.55	\$	.05
NURSE MIDWIFE	3	21	\$	2,392.44	\$	113.93	.001	\$ 797.48	\$	.11
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
FAMILY NURSE PRACTITIONER	1	1	\$	75.17	\$	75.17	.000	\$ 75.17	\$	.00
@TOTAL HOSPITAL	1,351	5,720	\$	1,836,007.24	\$	320.98	.255	\$ 1359.00	\$	81.92
HOSP INPATIENT TOTAL	222	1,080		1,714,684.11		1587.67	.048	7723.80		76.51
HSC HOSPITALS	184	841		1,247,766.53		1483.67	.038	6781.34		55.67
NON-HSC HOSPITAL TOTAL	39	239		466,917.58		1953.63	.011	11972.25		20.83
ACCOMMODATIONS	39	239		130,986.14		548.06	.011	3358.62		5.84

ADMINISTRATIVE DAYS	2	25	4,525.57	181.02	.001	2262.79	.20
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	37	214	126,460.57	590.94	.010	3417.85	5.64
ANCILLARIES	39	0	335,931.44	.00	.000	8613.63	14.99
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,170	4,640	121,323.13	26.15	.207	103.69	5.41
MEDICAL	202	328	14,158.14	43.17	.015	70.09	.63
SURGERY	118	140	4,048.78	28.92	.006	34.31	.18
PATHOLOGY	396	1,747	20,875.82	11.95	.078	52.72	.93
RADIOLOGY	280	353	19,531.25	55.33	.016	69.75	.87
ROOM USE	912	1,185	44,279.35	37.37	.053	48.55	1.98
CROSSOVERS/ALL OTH OUTPTNT	433	887	18,429.79	20.78	.040	42.56	.82
@COUNTY HOSPITAL TOTAL	118	478	\$ 239,624.40	\$ 501.31	.021	\$ 2030.72	\$ 10.69
CO HOSPITAL INPATIENT TOTAL	75	227	232,991.08	1026.39	.010	3106.55	10.40
HSC HOSPITALS	75	227	232,991.08	1026.39	.010	3106.55	10.40
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	45	251	6,633.32	26.43	.011	147.41	.30
MEDICAL	14	15	485.67	32.38	.001	34.69	.02
SURGERY	14	19	534.69	28.14	.001	38.19	.02
PATHOLOGY	14	89	1,605.94	18.04	.004	114.71	.07
RADIOLOGY	4	4	161.26	40.32	.000	40.32	.01
ROOM USE	31	62	2,556.60	41.24	.003	82.47	.11
CROSSOVERS/ALL OTH OUTPTNT	26	62	1,289.16	20.79	.003	49.58	.06
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	22,412 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,244	5,242	\$	1,596,382.84	\$ 304.54	.234	\$ 1283.27	\$ 71.23
COMM HOSP INPATIENT TOTAL	149	853		1,481,693.03	1737.04	.038	9944.25	66.11
HSC HOSPITALS	111	614		1,014,775.45	1652.73	.027	9142.12	45.28
NON-HSC HOSPITALS TOTAL	39	239		466,917.58	1953.63	.011	11972.25	20.83
ACCOMMODATIONS	39	239		130,986.14	548.06	.011	3358.62	5.84
ADMINISTRATIVE DAYS	2	25		4,525.57	181.02	.001	2262.79	.20
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	37	214		126,460.57	590.94	.010	3417.85	5.64
ANCILLARIES	39	0		335,931.44	.00	.000	8613.63	14.99
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,130	4,389		114,689.81	26.13	.196	101.50	5.12
MEDICAL	191	313		13,672.47	43.68	.014	71.58	.61
SURGERY	104	121		3,514.09	29.04	.005	33.79	.16
PATHOLOGY	382	1,658		19,269.88	11.62	.074	50.44	.86
RADIOLOGY	276	349		19,369.99	55.50	.016	70.18	.86
ROOM USE	885	1,123		41,722.75	37.15	.050	47.14	1.86
CROSSOVERS/ALL OTH OUTPTNT	407	825		17,140.63	20.78	.037	42.11	.76
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	32	1,310	\$	252,565.37	\$ 192.80	.058	\$ 7892.67	\$ 11.27
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	2	73	27,085.42	371.03	.003	13542.71	1.21
LEV B-SUBACUTE HSPTL BASED	9	258	106,208.28	411.66	.012	11800.92	4.74
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	21	979	119,271.67	121.83	.044	5679.60	5.32
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	17	239	\$ 3,651.16	\$ 15.28	.011	\$ 214.77	\$.16
HOSPITAL BASED	6	12	566.76	47.23	.001	94.46	.03
INDEPENDENT FACILITY	11	227	3,084.40	13.59	.010	280.40	.14
@LABORATORY FACILITY	393	1,075	\$ 16,182.67	\$ 15.05	.048	\$ 41.18	\$.72
PATHOLOGY	393	1,075	16,182.67	15.05	.048	41.18	.72
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4,430	7,627	\$ 1,531,863.11	\$ 200.85	.340	\$ 345.79	\$ 68.35
CLINIC	410	2,232	66,506.77	29.80	.100	162.21	2.97
SURGICENTER	1	8	284.68	35.59	.000	284.68	.01
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4,050	5,387	1,465,071.66	271.96	.240	361.75	65.37
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	22,412 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	716	39,739	\$	123,337.87	\$ 3.10	1.773	\$ 172.26	\$ 5.50
DURABLE MED. EQUIP.	43	195		31,407.90	161.07	.009	730.42	1.40
BLOOD BANK	3	1,056		3,168.00	3.00	.047	1056.00	.14
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	156	2,069		41,518.66	20.07	.092	266.15	1.85
AMBULANCES/AIR TRANS	152	2,025		25,083.57	12.39	.090	165.02	1.12
OTHER TRANS	5	34		223.23	6.57	.002	44.65	.01
OTHER SERVICES	10	10		16,211.86	1621.19	.000	1621.19	.72
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	104	104		10,641.00	102.32	.005	102.32	.47
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	165	341		2,947.38	8.64	.015	17.86	.13
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	2	6		154.38	25.73	.000	77.19	.01
PROSTHETIST/ORTHOTISTS	18	83		7,706.08	92.84	.004	428.12	.34
PROSTHETICS	17	82		7,662.00	93.44	.004	450.71	.34
ORTHOTICS	1	1		44.08	44.08	.000	44.08	.00
PSYCHOLOGIST	4	32		1,823.35	56.98	.001	455.84	.08
SPEECH AND AUDIOLOGY	5	50		2,180.94	43.62	.002	436.19	.10
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	187	1,382		15,301.88	11.07	.062	81.83	.68
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	42	34,421		6,488.30	.19	1.536	154.48	.29
@CALIF. CHILDREN SERVICES*	290	2,981	\$	711,555.07	\$ 238.70	.133	\$ 2453.64	\$ 31.75
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;								

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
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	44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	25	158	\$	20,782.89	\$ 131.54	3.591	\$ 831.32	\$ 472.34
@PHYSICIANS SERVICES	5	41	\$	172.10	\$ 4.20	.932	\$ 34.42	\$ 3.91
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	41		172.10	4.20	.932	34.42	3.91
@PHARMACY	24	94	\$	9,649.33	\$ 102.65	2.136	\$ 402.06	\$ 219.30
PRESCRIPTION DRUGS	24	94		9,649.33	102.65	2.136	402.06	219.30
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	24	94		9,649.33	102.65	2.136	402.06	219.30
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

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44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 2,159

MOP024

FEE-FOR-SERVICE/DENTAL

01/29/04

CONTRA COSTA COUNT

SUMMARY OF SERVICES FOR RENAL DIALYSIS

AID CODES 71

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	18	21	\$ 10,673.32	\$ 508.25	.477	\$ 592.96	\$ 242.58
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	18	21	10,673.32	508.25	.477	592.96	242.58
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$ 288.14	\$ 144.07	.045	\$ 144.07	\$ 6.55
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2	288.14	144.07	.045	144.07	6.55

#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR RENAL DIALYSIS

AID CODES 71

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	19	62	\$ 10,845.42	\$ 174.93	1.409	\$ 570.81	\$ 246.49

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,161
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,162
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						AID CODES 73
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,163
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						AID CODES 73
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,164

MOP024
CONTRA COSTA COUNT

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES 73			
				AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 2,165

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT

SUMMARY OF SERVICES FOR IRCA ALIENS

AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$	.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,166
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.0000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.0000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.0000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.0000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.0000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.0000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.0000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.0000	.00	.00
ANCILLARIES	0	0	.00	.00	.0000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.0000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.0000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.0000	.00	.00
MEDICAL	0	0	.00	.00	.0000	.00	.00
SURGERY	0	0	.00	.00	.0000	.00	.00
PATHOLOGY	0	0	.00	.00	.0000	.00	.00
RADIOLOGY	0	0	.00	.00	.0000	.00	.00
ROOM USE	0	0	.00	.00	.0000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.0000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.0000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.0000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.0000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.0000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.0000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.0000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.0000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.0000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.0000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.0000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.0000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.0000	.00	.00
ICF DD	0	0	.00	.00	.0000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.0000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.0000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.0000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.0000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.0000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.0000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR IRCA ALIENS

AID CODES 51 52 56 57

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

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8,441 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,980	24,806	\$ 4,262,687.51	\$ 171.84	2.939	\$ 1071.03	\$ 505.00
@PHYSICIANS SERVICES	1,362	7,505	\$ 385,096.34	\$ 51.31	.889	\$ 282.74	\$ 45.62
OUTPATIENT VISITS	537	1,305	45,773.25	35.08	.155	85.24	5.42
OFFICE VISITS	67	80	4,237.70	52.97	.009	63.25	.50
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	379	404	23,411.76	57.95	.048	61.77	2.77

PREVENTIVE CARE	1	2	74.98	37.49	.000	74.98	.01
OB VISITS/COMPRE PERI	106	810	17,672.75	21.82	.096	166.72	2.09
OTHER OUTPATIENT	9	9	376.06	41.78	.001	41.78	.04
INPATIENT VISITS	389	1,624	110,379.55	67.97	.192	283.75	13.08
HOSPITAL VISITS	368	1,243	48,189.77	38.77	.147	130.95	5.71
CRITICAL CARE	41	381	62,189.78	163.23	.045	1516.82	7.37
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	132.74	44.25	.000	44.25	.02
EXAMINATIONS	3	3	132.74	44.25	.000	44.25	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	403	2,081	166,389.64	79.96	.247	412.88	19.71
PRINCIPAL SURGEON	309	417	126,602.29	303.60	.049	409.72	15.00
ASSISTANT SURGEON	48	48	7,773.15	161.94	.006	161.94	.92
ANESTHESIOLOGIST	147	1,616	32,014.20	19.81	.191	217.78	3.79
OUTPATIENT SURGERY	50	88	5,283.69	60.04	.010	105.67	.63
PRINCIPAL SURGEON	46	66	4,565.35	69.17	.008	99.25	.54

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	22		718.34	32.65	.003	143.67	.09
DIALYSIS	4	4		900.16	225.04	.000	225.04	.11
PATHOLOGY	279	1,055		13,220.76	12.53	.125	47.39	1.57
RADIOLOGY	447	971		27,795.71	28.63	.115	62.18	3.29
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	4		24.19	6.05	.000	12.10	.00
OTHER SERVICES/ALL X-OVERS	274	370		15,196.65	41.07	.044	55.46	1.80
@PHARMACY	1,035	2,414	\$	143,125.42	\$ 59.29	.286	\$ 138.29	\$ 16.96
PRESCRIPTION DRUGS	976	2,229		132,378.80	59.39	.264	135.63	15.68
SNF/ICF	1	2		14.82	7.41	.000	14.82	.00
OUTPATIENTS	975	2,227		132,363.98	59.44	.264	135.76	15.68
MEDICAL SUPPLIES	108	185		10,746.62	58.09	.022	99.51	1.27
@DENTIST	17	55	\$	619.00	\$ 11.25	.007	\$ 36.41	\$.07
VISITS - DIAGNOSTIC	12	39		173.00	4.44	.005	14.42	.02
ORAL SURGERY	6	8		346.00	43.25	.001	57.67	.04
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	4		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	4		100.00	25.00	.000	100.00	.01
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,170
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F							

8,441 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	1	\$ 74.86	\$ 74.86	.000	\$ 74.86	\$.01
NURSE ANESTHESIST	49	165	\$ 5,656.50	\$ 34.28	.020	\$ 115.44	\$.67
NURSE MIDWIFE	1	2	\$ 97.30	\$ 48.65	.000	\$ 97.30	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	806	3,964	\$ 2,708,117.26	\$ 683.18	.470	\$ 3359.95	\$ 320.83
HOSP INPATIENT TOTAL	419	2,017	2,664,948.15	1321.24	.239	6360.26	315.71
HSC HOSPITALS	358	1,625	2,030,874.70	1249.77	.193	5672.83	240.60
NON-HSC HOSPITAL TOTAL	63	392	634,073.45	1617.53	.046	10064.66	75.12
ACCOMMODATIONS	63	392	262,912.66	670.70	.046	4173.22	31.15
ADMINISTRATIVE DAYS	2	31	6,707.70	216.38	.004	3353.85	.79
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	61	361	256,204.96	709.71	.043	4200.08	30.35
ANCILLARIES	63	0	371,160.79	.00	.000	5891.44	43.97

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	431	1,947	43,169.11	22.17	.231	100.16	5.11
MEDICAL	61	81	3,705.72	45.75	.010	60.75	.44
SURGERY	29	40	1,049.22	26.23	.005	36.18	.12
PATHOLOGY	194	908	7,889.15	8.69	.108	40.67	.93
RADIOLOGY	142	193	11,972.97	62.04	.023	84.32	1.42
ROOM USE	280	373	13,224.50	35.45	.044	47.23	1.57
CROSSOVERS/ALL OTH OUTPTNT	168	352	5,327.55	15.14	.042	31.71	.63
@COUNTY HOSPITAL TOTAL	229	1,005	\$ 1,042,172.93	\$ 1036.99	.119	\$ 4550.97	\$ 123.47
CO HOSPITAL INPATIENT TOTAL	219	926	1,040,003.64	1123.11	.110	4748.88	123.21
HSC HOSPITALS	219	926	1,040,003.64	1123.11	.110	4748.88	123.21
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	10	79	2,169.29	27.46	.009	216.93	.26
MEDICAL	3	6	515.69	85.95	.001	171.90	.06
SURGERY	1	2	29.10	14.55	.000	29.10	.00
PATHOLOGY	6	30	353.78	11.79	.004	58.96	.04
RADIOLOGY	3	5	220.82	44.16	.001	73.61	.03
ROOM USE	7	12	444.94	37.08	.001	63.56	.05
CROSSOVERS/ALL OTH OUTPTNT	5	24	604.96	25.21	.003	120.99	.07
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MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F						

	8,441 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	584	2,959	\$	1,665,944.33	\$ 563.01	.351	\$ 2852.64	\$ 197.36
COMM HOSP INPATIENT TOTAL	206	1,091		1,624,944.51	1489.41	.129	7888.08	192.51
HSC HOSPITALS	144	699		990,871.06	1417.56	.083	6881.05	117.39
NON-HSC HOSPITALS TOTAL	63	392		634,073.45	1617.53	.046	10064.66	75.12
ACCOMMODATIONS	63	392		262,912.66	670.70	.046	4173.22	31.15
ADMINISTRATIVE DAYS	2	31		6,707.70	216.38	.004	3353.85	.79
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	61	361		256,204.96	709.71	.043	4200.08	30.35
ANCILLARIES	63	0		371,160.79	.00	.000	5891.44	43.97
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	421	1,868		40,999.82	21.95	.221	97.39	4.86
MEDICAL	58	75		3,190.03	42.53	.009	55.00	.38
SURGERY	28	38		1,020.12	26.85	.005	36.43	.12
PATHOLOGY	188	878		7,535.37	8.58	.104	40.08	.89
RADIOLOGY	139	188		11,752.15	62.51	.022	84.55	1.39
ROOM USE	273	361		12,779.56	35.40	.043	46.81	1.51
CROSSOVERS/ALL OTH OUTPTNT	163	328		4,722.59	14.40	.039	28.97	.56
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	0	\$	945.00	\$.00	.000	\$ 945.00	\$.11
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

LEV B-REGULAR	1	0		945.00		.00	.000	945.00		.11
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	4	70	\$	1,710.44	\$	24.43	.008	\$ 427.61	\$	.20
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	4	70		1,710.44		24.43	.008	427.61		.20
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	437	1,385	\$	21,796.03	\$	15.74	.164	\$ 49.88	\$	2.58
PATHOLOGY	435	1,382		21,617.53		15.64	.164	49.70		2.56
XO AND OTHERS	3	3		178.50		59.50	.000	59.50		.02
@ORGANIZED OUTPATIENT CLINIC	2,011	6,032	\$	951,383.58	\$	157.72	.715	\$ 473.09	\$	112.71
CLINIC	484	3,007		77,892.74		25.90	.356	160.94		9.23
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	1,556	3,025		873,490.84		288.76	.358	561.37		103.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									PAGE 2,172
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CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F									

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
8,441 ELIGIBLES							
@ALL OTHER PROVIDERS	294	3,213	\$ 44,065.78	\$ 13.71	.381	\$ 149.88	\$ 5.22
DURABLE MED. EQUIP.	4	11	781.44	71.04	.001	195.36	.09
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	82	961	13,965.52	14.53	.114	170.31	1.65
AMBULANCES/AIR TRANS	82	959	10,365.52	10.81	.114	126.41	1.23
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.000	1800.00	.43
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	193	194	20,206.00	104.15	.023	104.69	2.39
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	12	13	1,039.66	79.97	.002	86.64	.12
PROSTHETICS	4	4	276.29	69.07	.000	69.07	.03
ORTHOTICS	8	9	763.37	84.82	.001	95.42	.09
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	34	5,568.52	163.78	.004	5568.52	.66
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	2,000	2,504.64	1.25	.237	313.08	.30
@CALIF. CHILDREN SERVICES*	64	3,039	\$ 687,241.29	\$ 226.14	.360	\$ 10738.15	\$ 81.42
@XOVER EXCLUDING STATE HOSP**	3	31	\$ 1,232.35	\$ 39.75	.004	\$ 410.78	\$.15

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,173
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CONTRA COSTA COUNT

SUMMARY OF SERVICES FOR REFUGEES

AID CODES 01 02 08 0A

179 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	169	614	\$ 60,140.14	\$ 97.95	3.430	\$ 355.86	\$ 335.98
@PHYSICIANS SERVICES	7	12	\$ 506.80	\$ 42.23	.067	\$ 72.40	\$ 2.83
OUTPATIENT VISITS	6	8	439.35	54.92	.045	73.23	2.45
OFFICE VISITS	3	4	237.20	59.30	.022	79.07	1.33
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	4	202.15	50.54	.022	67.38	1.13
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	4	67.45	16.86	.022	33.73	.38
@PHARMACY	20	39	\$ 1,334.14	\$ 34.21	.218	\$ 66.71	\$ 7.45
PRESCRIPTION DRUGS	20	39	1,334.14	34.21	.218	66.71	7.45
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	20	39	1,334.14	34.21	.218	66.71	7.45
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	62	355	\$ 22,829.00	\$ 64.31	1.983	\$ 368.21	\$ 127.54
VISITS - DIAGNOSTIC	38	132	3,010.00	22.80	.737	79.21	16.82
ORAL SURGERY	9	25	1,420.00	56.80	.140	157.78	7.93
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	3	518.00	172.67	.017	172.67	2.89
ENDODONTICS	8	16	4,141.00	258.81	.089	517.63	23.13
RESTORATIVE DENTISTRY	30	162	12,743.00	78.66	.905	424.77	71.19
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	17	997.00	58.65	.095	498.50	5.57
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
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MEDI-CAL SERVICES AND EXPENDITURES
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR REFUGEES

MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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179 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAYMONTHLY AVERAGE
UNITS/DAYS
PER ELIGCOST PER
USERCOST PER
ELIGIBLE

@OPTOMETRIST	7	16	\$	448.39	\$	28.02	.089	\$	64.06	\$	2.50
DIAGNOSTIC AND ANC. PROCED	7	7		320.29		45.76	.039		45.76		1.79
EYE APPLIANCES	3	9		128.10		14.23	.050		42.70		.72
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	5	40	\$	4,882.97	\$	122.07	.223	\$	976.59	\$	27.28
HOSP INPATIENT TOTAL	1	4		4,400.00		1100.00	.022		4400.00		24.58
HSC HOSPITALS	1	4		4,400.00		1100.00	.022		4400.00		24.58
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	36		482.97		13.42	.201		96.59		2.70
MEDICAL	1	1		10.19		10.19	.006		10.19		.06
SURGERY	1	1		13.26		13.26	.006		13.26		.07
PATHOLOGY	2	22		140.44		6.38	.123		70.22		.78
RADIOLOGY	1	1		36.62		36.62	.006		36.62		.20
ROOM USE	5	7		233.57		33.37	.039		46.71		1.30
CROSSOVERS/ALL OTH OUTPTNT	1	4		48.89		12.22	.022		48.89		.27
@COUNTY HOSPITAL TOTAL	2	16	\$	4,620.24	\$	288.77	.089	\$	2310.12	\$	25.81
CO HOSPITAL INPATIENT TOTAL	1	4		4,400.00		1100.00	.022		4400.00		24.58
HSC HOSPITALS	1	4		4,400.00		1100.00	.022		4400.00		24.58
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	12		220.24		18.35	.067		110.12		1.23
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		13.26		13.26	.006		13.26		.07
PATHOLOGY	1	7		60.98		8.71	.039		60.98		.34
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	4		146.00		36.50	.022		73.00		.82
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,175
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

179 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	24	\$ 262.73	\$ 10.95	.134	\$ 87.58	\$ 1.47
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	24	262.73	10.95	.134	87.58	1.47
MEDICAL	1	1	10.19	10.19	.006	10.19	.06
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	15	79.46	5.30	.084	79.46	.44
RADIOLOGY	1	1	36.62	36.62	.006	36.62	.20
ROOM USE	3	3	87.57	29.19	.017	29.19	.49

CROSSOVERS/ALL OTH OUTPTNT	1	4		48.89		12.22	.022	48.89	.27
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	3	8	\$	89.94	\$	11.24	.045	\$ 29.98	\$.50
PATHOLOGY	3	8		89.94		11.24	.045	29.98	.50
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	86	116	\$	29,697.75	\$	256.02	.648	\$ 345.32	\$ 165.91
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	86	116		29,697.75		256.02	.648	345.32	165.91
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,176
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR REFUGEES								
	AID CODES 01 02 08 0A								

179 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12	28	\$ 351.15	\$ 12.54	.156	\$ 29.26	\$ 1.96
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	5	144.92	28.98	.028	144.92	.81
AMBULANCES/AIR TRANS	1	5	144.92	28.98	.028	144.92	.81
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	23	206.23	8.97	.128	18.75	1.15
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,177
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR BCCTP-FEDERAL	AID CODES 0M 0N 0P

469 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	506	5,323	\$ 665,211.97	\$ 124.97	11.350	\$ 1314.65	\$ 1418.36
@PHYSICIANS SERVICES	175	1,186	\$ 69,653.95	\$ 58.73	2.529	\$ 398.02	\$ 148.52
OUTPATIENT VISITS	83	130	6,456.52	49.67	.277	77.79	13.77
OFFICE VISITS	37	43	1,521.39	35.38	.092	41.12	3.24
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	43	64	4,355.27	68.05	.136	101.29	9.29
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	16	23	579.86	25.21	.049	36.24	1.24
INPATIENT VISITS	36	157	7,195.26	45.83	.335	199.87	15.34
HOSPITAL VISITS	36	156	7,073.66	45.34	.333	196.49	15.08
CRITICAL CARE	1	1	121.60	121.60	.002	121.60	.26
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	3	109.79	36.60	.006	54.90	.23
EXAMINATIONS	2	3	109.79	36.60	.006	54.90	.23
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	43	222	16,101.97	72.53	.473	374.46	34.33
PRINCIPAL SURGEON	31	37	11,772.90	318.19	.079	379.77	25.10
ASSISTANT SURGEON	4	4	667.32	166.83	.009	166.83	1.42
ANESTHESIOLOGIST	20	181	3,661.75	20.23	.386	183.09	7.81
OUTPATIENT SURGERY	11	62	2,189.21	35.31	.132	199.02	4.67
PRINCIPAL SURGEON	9	14	1,189.18	84.94	.030	132.13	2.54
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	48	1,000.03	20.83	.102	250.01	2.13
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	40	152	4,022.24	26.46	.324	100.56	8.58
RADIOLOGY	70	379	30,217.14	79.73	.808	431.67	64.43
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	3	17.25	5.75	.006	17.25	.04
OTHER SERVICES/ALL X-OVERS	59	78	3,344.57	42.88	.166	56.69	7.13
@PHARMACY	253	1,635	\$ 59,180.67	\$ 36.20	3.486	\$ 233.92	\$ 126.18
PRESCRIPTION DRUGS	249	820	57,449.55	70.06	1.748	230.72	122.49
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	249	820	57,449.55	70.06	1.748	230.72	122.49
MEDICAL SUPPLIES	23	815	1,731.12	2.12	1.738	75.27	3.69
@DENTIST	16	88	\$ 3,991.00	\$ 45.35	.188	\$ 249.44	\$ 8.51
VISITS - DIAGNOSTIC	12	52	579.00	11.13	.111	48.25	1.23
ORAL SURGERY	3	21	1,170.00	55.71	.045	390.00	2.49
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.002	100.00	.21
PERIODONTICS	1	1	200.00	200.00	.002	200.00	.43
ENDODONTICS	0	0	215.00	.00	.000	.00	.46
RESTORATIVE DENTISTRY	4	8	727.00	90.88	.017	181.75	1.55
PROSTHETICS	1	1	30.00	30.00	.002	30.00	.06
DENTURES, STAYPLATES	1	4	970.00	242.50	.009	970.00	2.07
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,178
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P						
					----- MONTHLY AVERAGE -----		
469 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	15 \$	334.63	\$ 22.31	.032	\$ 47.80	\$.71
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.006	47.45	.30
EYE APPLIANCES	4	11	180.87	16.44	.023	45.22	.39
OTHER OPTOMETRIC SERVICES	1	1	11.41	11.41	.002	11.41	.02
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	27 \$	2,192.10	\$ 81.19	.058	\$ 548.03	\$ 4.67
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	144	1,469 \$	334,456.48	\$ 227.68	3.132	\$ 2322.61	\$ 713.13
HOSP INPATIENT TOTAL	48	222	274,706.55	1237.42	.473	5723.05	585.73
HSC HOSPITALS	45	201	237,514.00	1181.66	.429	5278.09	506.43
NON-HSC HOSPITAL TOTAL	3	21	37,192.55	1771.07	.045	12397.52	79.30
ACCOMMODATIONS	3	21	9,233.00	439.67	.045	3077.67	19.69
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	21	9,233.00	439.67	.045	3077.67	19.69
ANCILLARIES	3	0	27,959.55	.00	.000	9319.85	59.62
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	109	1,247	59,749.93	47.91	2.659	548.16	127.40
MEDICAL	13	25	645.41	25.82	.053	49.65	1.38
SURGERY	11	20	438.87	21.94	.043	39.90	.94
PATHOLOGY	46	244	2,615.73	10.72	.520	56.86	5.58
RADIOLOGY	53	495	30,928.53	62.48	1.055	583.56	65.95
ROOM USE	58	103	4,002.44	38.86	.220	69.01	8.53
CROSSOVERS/ALL OTH OUTPTNT	35	360	21,118.95	58.66	.768	603.40	45.03
@COUNTY HOSPITAL TOTAL	43	455 \$	192,096.87	\$ 422.19	.970	\$ 4467.37	\$ 409.59
CO HOSPITAL INPATIENT TOTAL	36	151	172,680.00	1143.58	.322	4796.67	368.19
HSC HOSPITALS	36	151	172,680.00	1143.58	.322	4796.67	368.19
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	304	19,416.87	63.87	.648	2427.11	41.40
MEDICAL	2	6	164.03	27.34	.013	82.02	.35
SURGERY	4	11	150.42	13.67	.023	37.61	.32
PATHOLOGY	6	33	365.85	11.09	.070	60.98	.78

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	5	15	609.91	40.66	.032	121.98	1.30
CROSSTOVERS/ALL OTH OUTPTNT	4	239	18,126.66	75.84	.510	4531.67	38.65

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,179
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

469 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	108	1,014 \$	142,359.61	\$ 140.39	2.162 \$ 1318.14	\$ 303.54
COMM HOSP INPATIENT TOTAL	13	71	102,026.55	1436.99	.151 7848.20	217.54
HSC HOSPITALS	10	50	64,834.00	1296.68	.107 6483.40	138.24
NON-HSC HOSPITALS TOTAL	3	21	37,192.55	1771.07	.045 12397.52	79.30
ACCOMMODATIONS	3	21	9,233.00	439.67	.045 3077.67	19.69
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	.00

ALL OTHER ACCOM	3	21		9,233.00	439.67	.045	3077.67	19.69
ANCILLARIES	3	0		27,959.55	.00	.000	9319.85	59.62
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	103	943		40,333.06	42.77	2.011	391.58	86.00
MEDICAL	12	19		481.38	25.34	.041	40.12	1.03
SURGERY	8	9		288.45	32.05	.019	36.06	.62
PATHOLOGY	42	211		2,249.88	10.66	.450	53.57	4.80
RADIOLOGY	53	495		30,928.53	62.48	1.055	583.56	65.95
ROOM USE	54	88		3,392.53	38.55	.188	62.82	7.23
CROSSOVERS/ALL OTH OUTPTNT	32	121		2,992.29	24.73	.258	93.51	6.38
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	15	\$	2,741.81	\$ 182.79	.032	\$ 913.94	\$ 5.85
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	15		2,741.81	182.79	.032	913.94	5.85
@REHABILITATION FACILITY	1	4	\$	75.36	\$ 18.84	.009	\$ 75.36	\$.16
HOSPITAL BASED	1	4		75.36	18.84	.009	75.36	.16
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	25	37	\$	950.58	\$ 25.69	.079	\$ 38.02	\$ 2.03
PATHOLOGY	25	37		950.58	25.69	.079	38.02	2.03
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	290	580	\$	178,169.92	\$ 307.19	1.237	\$ 614.38	\$ 379.89
CLINIC	3	6		712.18	118.70	.013	237.39	1.52
SURGICENTER	1	1		44.93	44.93	.002	44.93	.10
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	288	573		177,412.81	309.62	1.222	616.02	378.28
#CALIF DEPT OF HEALTH SERV								
MOP024								
CONTRA COSTA COUNT								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR BCCTP-FEDERAL
AID CODES 0M 0N 0P
PAGE 2,180
01/29/04

469 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	45	267	\$ 13,465.47	\$ 50.43	.569	\$ 299.23	\$ 28.71
DURABLE MED. EQUIP.	8	15	2,622.65	174.84	.032	327.83	5.59
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	25	192	5,090.27	26.51	.409	203.61	10.85
AMBULANCES/AIR TRANS	25	192	5,090.27	26.51	.409	203.61	10.85
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	12	144.85	12.07	.026	24.14	.31
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	14	1,599.90	114.28	.030	228.56	3.41
PROSTHETICS	7	14	1,599.90	114.28	.030	228.56	3.41
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	34	4,007.80	117.88	.072	2003.90	8.55
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	9	39	\$ 1,199.42	\$ 30.75	.083	\$ 133.27	\$ 2.56

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,181
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY	AID CODES OR OT OU OV

151 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	121	518	\$ 67,131.95	\$ 129.60	3.430	\$ 554.81	\$ 444.58
@PHYSICIANS SERVICES	27	93	\$ 4,810.54	\$ 51.73	.616	\$ 178.17	\$ 31.86
OUTPATIENT VISITS	20	26	846.41	32.55	.172	42.32	5.61
OFFICE VISITS	12	16	530.60	33.16	.106	44.22	3.51
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	186.13	62.04	.020	62.04	1.23
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	7	129.68	18.53	.046	21.61	.86
INPATIENT VISITS	1	1	34.35	34.35	.007	34.35	.23
HOSPITAL VISITS	1	1	34.35	34.35	.007	34.35	.23
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	27	331.20	12.27	.179	331.20	2.19
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	27	331.20	12.27	.179	331.20	2.19
OUTPATIENT SURGERY	4	17	3,031.92	178.35	.113	757.98	20.08
PRINCIPAL SURGEON	4	10	2,870.52	287.05	.066	717.63	19.01
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	161.40	23.06	.046	161.40	1.07
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	4	67.13	16.78	.026	22.38	.44
RADIOLOGY	8	12	334.29	27.86	.079	41.79	2.21
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	6	165.24	27.54	.040	55.08	1.09
@PHARMACY	61	114	\$ 12,050.35	\$ 105.70	.755	\$ 197.55	\$ 79.80
PRESCRIPTION DRUGS	61	114	12,050.35	105.70	.755	197.55	79.80
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	61	114	12,050.35	105.70	.755	197.55	79.80
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,182
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

151 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	25	196	\$ 22,512.63	\$ 114.86	1.298	\$ 900.51	\$ 149.09
HOSP INPATIENT TOTAL	5	12	15,100.00	1258.33	.079	3020.00	100.00
HSC HOSPITALS	5	12	15,100.00	1258.33	.079	3020.00	100.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	21	184	7,412.63	40.29	1.219	352.98	49.09
MEDICAL	3	3	55.10	18.37	.020	18.37	.36
SURGERY	2	2	173.51	86.76	.013	86.76	1.15
PATHOLOGY	8	30	446.01	14.87	.199	55.75	2.95
RADIOLOGY	13	90	5,602.73	62.25	.596	430.98	37.10
ROOM USE	9	13	437.63	33.66	.086	48.63	2.90
CROSSOVERS/ALL OTH OUTPTNT	5	46	697.65	15.17	.305	139.53	4.62
@COUNTY HOSPITAL TOTAL	2	6	\$ 6,720.00	\$ 1120.00	.040	\$ 3360.00	\$ 44.50
CO HOSPITAL INPATIENT TOTAL	2	6	6,720.00	1120.00	.040	3360.00	44.50
HSC HOSPITALS	2	6	6,720.00	1120.00	.040	3360.00	44.50
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,183
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V						
----- MONTHLY AVERAGE -----							
151 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23	190	\$ 15,792.63	\$ 83.12	1.258	\$ 686.64	\$ 104.59
COMM HOSP INPATIENT TOTAL	3	6	8,380.00	1396.67	.040	2793.33	55.50
HSC HOSPITALS	3	6	8,380.00	1396.67	.040	2793.33	55.50
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	21	184	7,412.63	40.29	1.219	352.98	49.09
MEDICAL	3	3	55.10	18.37	.020	18.37	.36
SURGERY	2	2	173.51	86.76	.013	86.76	1.15
PATHOLOGY	8	30	446.01	14.87	.199	55.75	2.95
RADIOLOGY	13	90	5,602.73	62.25	.596	430.98	37.10
ROOM USE	9	13	437.63	33.66	.086	48.63	2.90
CROSSOVERS/ALL OTH OUTPTNT	5	46	697.65	15.17	.305	139.53	4.62
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	11	17	\$ 455.27	\$ 26.78	.113	\$ 41.39	\$ 3.02
PATHOLOGY	10	16	408.73	25.55	.106	40.87	2.71
XO AND OTHERS	1	1	46.54	46.54	.007	46.54	.31

@ORGANIZED OUTPATIENT CLINIC	52	83	\$	24,638.46	\$	296.85	.550	\$	473.82	\$	163.17
CLINIC	1	6		206.74		34.46	.040		206.74		1.37
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	51	77		24,431.72		317.30	.510		479.05		161.80
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,184
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY										AID CODES 0R 0T 0U 0V

151 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	15	\$ 2,664.70	\$ 177.65	.099	\$ 2664.70	\$ 17.65
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	15	2,664.70	177.65	.099	2664.70	17.65
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,185
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR BCCTP-TOTAL	

620 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	627	5,841	\$ 732,343.92	\$ 125.38	9.421	\$ 1168.01	\$ 1181.20
@PHYSICIANS SERVICES	202	1,279	\$ 74,464.49	\$ 58.22	2.063	\$ 368.64	\$ 120.10
OUTPATIENT VISITS	103	156	7,302.93	46.81	.252	70.90	11.78
OFFICE VISITS	49	59	2,051.99	34.78	.095	41.88	3.31
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	46	67	4,541.40	67.78	.108	98.73	7.32
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	22	30	709.54	23.65	.048	32.25	1.14
INPATIENT VISITS	37	158	7,229.61	45.76	.255	195.39	11.66
HOSPITAL VISITS	37	157	7,108.01	45.27	.253	192.11	11.46
CRITICAL CARE	1	1	121.60	121.60	.002	121.60	.20
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	3	109.79	36.60	.005	54.90	.18
EXAMINATIONS	2	3	109.79	36.60	.005	54.90	.18
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	44	249	16,433.17	66.00	.402	373.48	26.51
PRINCIPAL SURGEON	31	37	11,772.90	318.19	.060	379.77	18.99
ASSISTANT SURGEON	4	4	667.32	166.83	.006	166.83	1.08
ANESTHESIOLOGIST	21	208	3,992.95	19.20	.335	190.14	6.44
OUTPATIENT SURGERY	15	79	5,221.13	66.09	.127	348.08	8.42
PRINCIPAL SURGEON	13	24	4,059.70	169.15	.039	312.28	6.55
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	55	1,161.43	21.12	.089	232.29	1.87
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	43	156	4,089.37	26.21	.252	95.10	6.60

RADIOLOGY	78	391		30,551.43		78.14	.631	391.69	49.28
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	3		17.25		5.75	.005	17.25	.03
OTHER SERVICES/ALL X-OVERS	62	84		3,509.81		41.78	.135	56.61	5.66
@PHARMACY	314	1,749	\$	71,231.02	\$	40.73	2.821	226.85	114.89
PRESCRIPTION DRUGS	310	934		69,499.90		74.41	1.506	224.19	112.10
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	310	934		69,499.90		74.41	1.506	224.19	112.10
MEDICAL SUPPLIES	23	815		1,731.12		2.12	1.315	75.27	2.79
@DENTIST	16	88	\$	3,991.00	\$	45.35	.142	249.44	6.44
VISITS - DIAGNOSTIC	12	52		579.00		11.13	.084	48.25	.93
ORAL SURGERY	3	21		1,170.00		55.71	.034	390.00	1.89
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	1	1		100.00		100.00	.002	100.00	.16
PERIODONTICS	1	1		200.00		200.00	.002	200.00	.32
ENDODONTICS	0	0		215.00		.00	.000	.00	.35
RESTORATIVE DENTISTRY	4	8		727.00		90.88	.013	181.75	1.17
PROSTHETICS	1	1		30.00		30.00	.002	30.00	.05
DENTURES, STAYPLATES	1	4		970.00		242.50	.006	970.00	1.56
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,186
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR BCCTP-TOTAL								

620 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	7	15	\$ 334.63	\$ 22.31	.024	\$	47.80	\$.54
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.005		47.45	.23
EYE APPLIANCES	4	11	180.87	16.44	.018		45.22	.29
OTHER OPTOMETRIC SERVICES	1	1	11.41	11.41	.002		11.41	.02
@CHIROPRACTOR	0	0	.00	.00	.000	\$	.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	.00	.00	.000	\$	.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	4	27	\$ 2,192.10	\$ 81.19	.044	\$	548.03	\$ 3.54
NURSE ANESTHESIST	0	0	.00	.00	.000	\$	.00	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	169	1,665	\$ 356,969.11	\$ 214.40	2.685	\$	2112.24	\$ 575.76
HOSP INPATIENT TOTAL	53	234	289,806.55	1238.49	.377		5468.05	467.43
HSC HOSPITALS	50	213	252,614.00	1185.98	.344		5052.28	407.44
NON-HSC HOSPITAL TOTAL	3	21	37,192.55	1771.07	.034		12397.52	59.99
ACCOMMODATIONS	3	21	9,233.00	439.67	.034		3077.67	14.89
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	3	21	9,233.00	439.67	.034		3077.67	14.89
ANCILLARIES	3	0	27,959.55	.00	.000		9319.85	45.10
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	130	1,431	67,162.56	46.93	2.308		516.64	108.33
MEDICAL	16	28	700.51	25.02	.045		43.78	1.13

SURGERY	13	22	612.38	27.84	.035	47.11	.99
PATHOLOGY	54	274	3,061.74	11.17	.442	56.70	4.94
RADIOLOGY	66	585	36,531.26	62.45	.944	553.50	58.92
ROOM USE	67	116	4,440.07	38.28	.187	66.27	7.16
CROSSOVERS/ALL OTH OUTPTNT	40	406	21,816.60	53.74	.655	545.42	35.19
@COUNTY HOSPITAL TOTAL	45	461	\$ 198,816.87	\$ 431.27	.744	\$ 4418.15	\$ 320.67
CO HOSPITAL INPATIENT TOTAL	38	157	179,400.00	1142.68	.253	4721.05	289.35
HSC HOSPITALS	38	157	179,400.00	1142.68	.253	4721.05	289.35
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	304	19,416.87	63.87	.490	2427.11	31.32
MEDICAL	2	6	164.03	27.34	.010	82.02	.26
SURGERY	4	11	150.42	13.67	.018	37.61	.24
PATHOLOGY	6	33	365.85	11.09	.053	60.98	.59
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	5	15	609.91	40.66	.024	121.98	.98
CROSSOVERS/ALL OTH OUTPTNT	4	239	18,126.66	75.84	.385	4531.67	29.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,187
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

620 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	131	1,204	\$ 158,152.24	\$ 131.36	1.942	\$ 1207.27	\$ 255.08
COMM HOSP INPATIENT TOTAL	16	77	110,406.55	1433.85	.124	6900.41	178.08
HSC HOSPITALS	13	56	73,214.00	1307.39	.090	5631.85	118.09
NON-HSC HOSPITALS TOTAL	3	21	37,192.55	1771.07	.034	12397.52	59.99
ACCOMMODATIONS	3	21	9,233.00	439.67	.034	3077.67	14.89
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	21	9,233.00	439.67	.034	3077.67	14.89
ANCILLARIES	3	0	27,959.55	.00	.000	9319.85	45.10
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	124	1,127	47,745.69	42.37	1.818	385.05	77.01
MEDICAL	15	22	536.48	24.39	.035	35.77	.87
SURGERY	10	11	461.96	42.00	.018	46.20	.75
PATHOLOGY	50	241	2,695.89	11.19	.389	53.92	4.35
RADIOLOGY	66	585	36,531.26	62.45	.944	553.50	58.92
ROOM USE	63	101	3,830.16	37.92	.163	60.80	6.18
CROSSOVERS/ALL OTH OUTPTNT	37	167	3,689.94	22.10	.269	99.73	5.95
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00		.000		.00		.00
@HEMODIALYSIS TOTAL	3	15	\$	2,741.81	\$	182.79		.024	\$	913.94	\$	4.42
HOSPITAL BASED	0	0		.00		.00		.000		.00		.00
HEMODIALYSIS CENTER	3	15		2,741.81		182.79		.024		913.94		4.42
@REHABILITATION FACILITY	1	4	\$	75.36	\$	18.84		.006	\$	75.36	\$	.12
HOSPITAL BASED	1	4		75.36		18.84		.006		75.36		.12
INDEPENDENT FACILITY	0	0		.00		.00		.000		.00		.00
@LABORATORY FACILITY	36	54	\$	1,405.85	\$	26.03		.087	\$	39.05	\$	2.27
PATHOLOGY	35	53		1,359.31		25.65		.085		38.84		2.19
XO AND OTHERS	1	1		46.54		46.54		.002		46.54		.08
@ORGANIZED OUTPATIENT CLINIC	342	663	\$	202,808.38	\$	305.89		1.069	\$	593.01	\$	327.11
CLINIC	4	12		918.92		76.58		.019		229.73		1.48
SURGICENTER	1	1		44.93		44.93		.002		44.93		.07
HEROIN DETOX CLINIC	0	0		.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	339	650		201,844.53		310.53		1.048		595.41		325.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003											PAGE 2,188
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR BCCTP-TOTAL											

620 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	46	282	\$ 16,130.17	\$ 57.20	.455	\$ 350.66	\$ 26.02
DURABLE MED. EQUIP.	8	15	2,622.65	174.84	.024	327.83	4.23
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	25	192	5,090.27	26.51	.310	203.61	8.21
AMBULANCES/AIR TRANS	25	192	5,090.27	26.51	.310	203.61	8.21
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	12	144.85	12.07	.019	24.14	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	14	1,599.90	114.28	.023	228.56	2.58
PROSTHETICS	7	14	1,599.90	114.28	.023	228.56	2.58
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	3	49	6,672.50	136.17	.079	2224.17	10.76
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	9	39	\$ 1,199.42	\$ 30.75	.063	\$ 133.27	\$ 1.93

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003											PAGE 2,189
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR QMB - ONLY											

AID CODE 80

763 ELIGIBLES

USERS UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAY

MONTHLY AVERAGE
UNITS/DAYS COST PER
PER ELIG USER

COST PER
ELIGIBLE

@TOTAL, ALL PROVIDERS	41	761	\$	10,669.43	\$	14.02	.997	\$	260.23	\$	13.98
@PHYSICIANS SERVICES	14	77	\$	436.77	\$	5.67	.101	\$	31.20	\$	.57
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	14	77		436.77	5.67	.101	31.20	.57
@PHARMACY	0	15	\$	719.36CR	\$ 47.96CR	.020	\$.00	\$.94CR
PRESCRIPTION DRUGS	0	15		719.36CR	47.96CR	.020	.00	.94CR
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	15		719.36CR	47.96CR	.020	.00	.94CR
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	9	19	\$	.00	\$.00	.025	\$.00	\$.00
VISITS - DIAGNOSTIC	4	10		.00	.00	.013	.00	.00
ORAL SURGERY	1	2		.00	.00	.003	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	5		.00	.00	.007	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		.00	.00	.003	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR QMB - ONLY							
				AID CODE 80		----- MONTHLY AVERAGE -----		
763 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	4	6 \$	7.31	\$ 1.22	.008	\$ 1.83	\$.01	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	4	6	7.31	1.22	.008	1.83	.01	
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	4	18 \$	990.71	\$ 55.04	.024	\$ 247.68	\$ 1.30	
HOSP INPATIENT TOTAL	1	8	840.00	105.00	.010	840.00	1.10	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	8	840.00	105.00	.010	840.00	1.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	10	150.71	15.07	.013	37.68	.20
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	10	150.71	15.07	.013	37.68	.20
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR QMB - ONLY						
AID CODE 80							PAGE 2,191
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763 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	18	\$ 990.71	\$ 55.04	.024	\$ 247.68	\$ 1.30
COMM HOSP INPATIENT TOTAL	1	8	840.00	105.00	.010	840.00	1.10
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	8	840.00	105.00	.010	840.00	1.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	10	150.71	15.07	.013	37.68	.20
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	10	150.71	15.07	.013	37.68	.20
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

@NURSING FACILITY	4	0	\$	5,633.83	\$	.00	.000	\$ 1408.46	\$	7.38
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00	
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00	
LEV B-REGULAR	4	0		5,633.83		.00	.000	1408.46		7.38	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	\$	.00
ICF DDH	0	0		.00		.00	.000	.00		.00	
ICF DD	0	0		.00		.00	.000	.00		.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00	
@HEMODIALYSIS TOTAL	4	9	\$	3,994.15	\$	443.79	.012	\$ 998.54	\$	5.23	
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00	
HEMODIALYSIS CENTER	4	9		3,994.15		443.79	.012	998.54		5.23	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00	
XO AND OTHERS	0	0		.00		.00	.000	.00		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	.00	\$	.00
CLINIC	0	0		.00		.00	.000	.00		.00	
SURGICENTER	0	0		.00		.00	.000	.00		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00	
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE	2,192
MOP024				FEE-FOR-SERVICE/DENTAL							01/29/04
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				AID CODE 80							

763 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	617	\$ 326.02	\$.53	.809	\$ 65.20	\$.43
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	6.38	6.38	.001	6.38	.01
PROSTHETICS	1	1	6.38	6.38	.001	6.38	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	616	319.64	.52	.807	79.91	.42
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 32 719 \$ 11,389.65 \$ 15.84 .942 \$ 355.93 \$ 14.93

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR 133% PROGRAM

AID CODES 72 74 8N 8P

6,064 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,904	11,700	\$ 753,093.02	\$ 64.37	1.929	\$ 259.33	\$ 124.19
@PHYSICIANS SERVICES	366	733	\$ 35,949.81	\$ 49.04	.121	\$ 98.22	\$ 5.93
OUTPATIENT VISITS	284	330	14,183.70	42.98	.054	49.94	2.34
OFFICE VISITS	147	171	6,817.31	39.87	.028	46.38	1.12
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	118	130	6,046.50	46.51	.021	51.24	1.00
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	.01
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	26	28	1,282.50	45.80	.005	49.33	.21
INPATIENT VISITS	24	102	6,432.36	63.06	.017	268.02	1.06
HOSPITAL VISITS	23	93	5,269.81	56.66	.015	229.12	.87
CRITICAL CARE	4	9	1,162.55	129.17	.001	290.64	.19
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	10	480.83	48.08	.002	60.10	.08
EXAMINATIONS	8	10	480.83	48.08	.002	60.10	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	15	85	7,432.36	87.44	.014	495.49	1.23
PRINCIPAL SURGEON	10	13	5,009.96	385.38	.002	501.00	.83
ASSISTANT SURGEON	1	1	494.62	494.62	.000	494.62	.08
ANESTHESIOLOGIST	6	71	1,927.78	27.15	.012	321.30	.32
OUTPATIENT SURGERY	26	70	3,767.04	53.81	.012	144.89	.62
PRINCIPAL SURGEON	18	21	2,065.83	98.37	.003	114.77	.34
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	49	1,701.21	34.72	.008	212.65	.28
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	30	52	263.65	5.07	.009	8.79	.04
RADIOLOGY	26	30	1,181.44	39.38	.005	45.44	.19
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	3	27.25	9.08	.000	9.08	.00
OTHER SERVICES/ALL X-OVERS	29	51	2,181.18	42.77	.008	75.21	.36
@PHARMACY	254	512	\$ 20,169.29	\$ 39.39	.084	\$ 79.41	\$ 3.33
PRESCRIPTION DRUGS	253	498	17,534.94	35.21	.082	69.31	2.89
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	253	498	17,534.94	35.21	.082	69.31	2.89
MEDICAL SUPPLIES	7	14	2,634.35	188.17	.002	376.34	.43
@DENTIST	548	3,155	\$ 96,029.00	\$ 30.44	.520	\$ 175.24	\$ 15.84
VISITS - DIAGNOSTIC	442	1,731	24,934.00	14.40	.285	56.41	4.11
ORAL SURGERY	36	77	2,812.00	36.52	.013	78.11	.46
DRUGS	88	101	2,187.50	21.66	.017	24.86	.36
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	3	155.00	51.67	.000	77.50	.03
ENDODONTICS	99	287	18,724.50	65.24	.047	189.14	3.09
RESTORATIVE DENTISTRY	229	936	46,876.00	50.08	.154	204.70	7.73
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	2	240.00	120.00	.000	240.00	.04
MAXILLOFACIAL SERVICES	2	2	100.00	50.00	.000	50.00	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	11	16	.00	.00	.003	.00	.00

#CALIF DEPT OF HEALTH SERV
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CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 133% PROGRAM

PAGE 2,194
01/29/04

	6,064 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG USER	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST		3	6	\$ 185.20	\$ 30.87	.001	\$ 61.73	\$.03
DIAGNOSTIC AND ANC. PROCED		3	3	142.35	47.45	.000	47.45	.02
EYE APPLIANCES		1	3	42.85	14.28	.000	42.85	.01
OTHER OPTOMETRIC SERVICES		0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR		0	0	.00	\$.00	.000	\$.00	\$.00
VISITS		0	0	.00	.00	.000	.00	.00
OTHER SERVICES		0	0	.00	.00	.000	.00	.00
@PODIATRIST		0	0	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS		0	0	.00	.00	.000	.00	.00
SURGERY/ANES.		0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	230	931	\$	143,879.35	\$	154.54	\$	23.73
HOSP INPATIENT TOTAL	19	56		96,355.85		1720.64		15.89
HSC HOSPITALS	18	55		95,803.00		1741.87		15.80
NON-HSC HOSPITAL TOTAL	1	1		552.85		552.85		.09
ACCOMMODATIONS	1	1		397.10		397.10		.07
ADMINISTRATIVE DAYS	0	0		.00		.000		.00
TRANSITIONAL IP CARE	0	0		.00		.000		.00
ALL OTHER ACCOM	1	1		397.10		397.10		.07
ANCILLARIES	1	0		155.75		.000		.03
INPATIENT CROSSOVERS	0	0		.00		.000		.00
ALL OTHER INPATIENT	0	0		.00		.000		.00
HOSP OUTPATIENT TOTAL	216	875		47,523.50		54.31		7.84
MEDICAL	49	67		3,945.53		58.89		.65
SURGERY	13	15		541.88		36.13		.09
PATHOLOGY	50	306		3,207.91		10.48		.53
RADIOLOGY	33	120		26,874.79		223.96		4.43
ROOM USE	181	209		7,863.63		37.63		1.30
CROSSOVERS/ALL OTH OUTPTNT	78	158		5,089.76		32.21		.84
@COUNTY HOSPITAL TOTAL	6	14	\$	8,028.98	\$	573.50	\$	1.32
CO HOSPITAL INPATIENT TOTAL	4	7		7,840.00		1120.00		1.29
HSC HOSPITALS	4	7		7,840.00		1120.00		1.29
NON-HSC HOSPITALS TOTAL	0	0		.00		.000		.00
ACCOMMODATIONS	0	0		.00		.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.000		.00
TRANSITIONAL IP CARE	0	0		.00		.000		.00
ALL OTHER ACCOM	0	0		.00		.000		.00
ANCILLARIES	0	0		.00		.000		.00
INPATIENT CROSSOVERS	0	0		.00		.000		.00
ALL OTHER INPATIENT	0	0		.00		.000		.00
CO HOSP OUTPATIENT TOTAL	2	7		188.98		27.00		.03
MEDICAL	0	0		.00		.000		.00
SURGERY	1	1		48.84		48.84		.01
PATHOLOGY	1	3		31.47		10.49		.01
RADIOLOGY	1	1		38.61		38.61		.01
ROOM USE	2	2		70.06		35.03		.01
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.000		.00

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CONTRA COSTA COUNT SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

	6,064 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	225		917	\$ 135,850.37	\$ 148.15	.151	\$ 603.78	\$ 22.40
COMM HOSP INPATIENT TOTAL	16		49	88,515.85	1806.45	.008	5532.24	14.60
HSC HOSPITALS	15		48	87,963.00	1832.56	.008	5864.20	14.51
NON-HSC HOSPITALS TOTAL	1		1	552.85	552.85	.000	552.85	.09
ACCOMMODATIONS	1		1	397.10	397.10	.000	397.10	.07
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1		1	397.10	397.10	.000	397.10	.07
ANCILLARIES	1		0	155.75	.00	.000	155.75	.03
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	214	868		47,334.52	54.53	.143	221.19	7.81
MEDICAL	49	67		3,945.53	58.89	.011	80.52	.65
SURGERY	12	14		493.04	35.22	.002	41.09	.08
PATHOLOGY	49	303		3,176.44	10.48	.050	64.83	.52
RADIOLOGY	32	119		26,836.18	225.51	.020	838.63	4.43
ROOM USE	179	207		7,793.57	37.65	.034	43.54	1.29
CROSSOVERS/ALL OTH OUTPTNT	78	158		5,089.76	32.21	.026	65.25	.84
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	8	135	\$	1,680.40	12.45	.022	210.05	.28
HOSPITAL BASED	2	6		386.25	64.38	.001	193.13	.06
INDEPENDENT FACILITY	6	129		1,294.15	10.03	.021	215.69	.21
@LABORATORY FACILITY	31	50	\$	529.94	10.60	.008	17.09	.09
PATHOLOGY	31	50		529.94	10.60	.008	17.09	.09
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,560	1,884	\$	445,423.46	236.42	.311	285.53	73.45
CLINIC	1	1		18.12	18.12	.000	18.12	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,559	1,883		445,405.34	236.54	.311	285.70	73.45
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR 133% PROGRAM							
				AID CODES 72 74 8N 8P				

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01/29/04

6,064 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	148	4,294	\$ 9,246.57	\$ 2.15	.708	\$ 62.48	\$ 1.52
DURABLE MED. EQUIP.	4	4	250.68	62.67	.001	62.67	.04
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	3	69.34	23.11	.000	69.34	.01
MEDICAL TRANSPORTATION	18	168	1,970.79	11.73	.028	109.49	.32
AMBULANCES/AIR TRANS	18	168	1,970.79	11.73	.028	109.49	.32
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	14	28	243.27	8.69	.005	17.38	.04
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	12	365.60	30.47	.002	365.60	.06
PROSTHETICS	1	12	365.60	30.47	.002	365.60	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	108	563	6,006.95	10.67	.093	55.62	.99
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	3,516	339.94	.10	.580	169.97	.06
@CALIF. CHILDREN SERVICES*	151	1,023	\$ 145,555.47	\$ 142.28	.169	\$ 963.94	\$ 24.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,197
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT

SUMMARY OF SERVICES FOR 100% PROGRAM

AID CODES 7A 7C 8R 8T

5,298 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,979	14,384	\$ 443,441.05	\$ 30.83	2.715 \$ 224.07 \$ 83.70
@PHYSICIANS SERVICES	186	385	\$ 25,147.56	\$ 65.32	.073 \$ 135.20 \$ 4.75
OUTPATIENT VISITS	127	139	6,332.91	45.56	.026 49.87 1.20
OFFICE VISITS	45	51	2,092.45	41.03	.010 46.50 .39
HOME VISITS	0	0	.00	.00	.000 .00 .00
EMERGENCY ROOM	62	65	3,051.41	46.94	.012 49.22 .58
PREVENTIVE CARE	1	1	65.78	65.78	.000 65.78 .01
OB VISITS/COMPRE PERI	2	4	241.92	60.48	.001 120.96 .05
OTHER OUTPATIENT	18	18	881.35	48.96	.003 48.96 .17
INPATIENT VISITS	9	44	6,135.64	139.45	.008 681.74 1.16
HOSPITAL VISITS	8	13	575.13	44.24	.002 71.89 .11
CRITICAL CARE	2	31	5,560.51	179.37	.006 2780.26 1.05
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000 .00 .00
OPHTHALMOLOGICAL SERVICES	4	5	260.83	52.17	.001 65.21 .05
EXAMINATIONS	4	5	260.83	52.17	.001 65.21 .05
SERVICES AND MATERIALS	0	0	.00	.00	.000 .00 .00
INPATIENT HOSPITAL SURGERY	10	30	2,125.15	70.84	.006 212.52 .40
PRINCIPAL SURGEON	7	7	1,473.92	210.56	.001 210.56 .28
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	3	23	651.23	28.31	.004 217.08 .12
OUTPATIENT SURGERY	21	28	4,157.43	148.48	.005 197.97 .78
PRINCIPAL SURGEON	20	24	3,990.67	166.28	.005 199.53 .75
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	1	4	166.76	41.69	.001 166.76 .03
DIALYSIS	0	0	.00	.00	.000 .00 .00
PATHOLOGY	19	55	382.62	6.96	.010 20.14 .07
RADIOLOGY	39	57	4,711.15	82.65	.011 120.80 .89
PSYCHIATRY	0	0	.00	.00	.000 .00 .00
IMMUNIZATION AND INJECTION	2	2	10.90	5.45	.000 5.45 .00
OTHER SERVICES/ALL X-OVERS	19	25	1,030.93	41.24	.005 54.26 .19
@PHARMACY	170	390	\$ 26,466.78	\$ 67.86	.074 \$ 155.69 \$ 5.00
PRESCRIPTION DRUGS	169	336	23,114.88	68.79	.063 136.77 4.36
SNF/ICF	3	9	816.49	90.72	.002 272.16 .15
OUTPATIENTS	166	327	22,298.39	68.19	.062 134.33 4.21
MEDICAL SUPPLIES	18	54	3,351.90	62.07	.010 186.22 .63
@DENTIST	672	4,102	\$ 105,558.00	\$ 25.73	.774 \$ 157.08 \$ 19.92
VISITS - DIAGNOSTIC	499	2,919	41,843.00	14.33	.551 83.85 7.90
ORAL SURGERY	108	181	9,874.00	54.55	.034 91.43 1.86
DRUGS	20	25	625.00	25.00	.005 31.25 .12
ANESTHESIA	1	1	100.00	100.00	.000 100.00 .02

PERIODONTICS	3	3	110.00	36.67	.001	36.67	.02
ENDODONTICS	56	78	9,662.00	123.87	.015	172.54	1.82
RESTORATIVE DENTISTRY	270	781	38,325.00	49.07	.147	141.94	7.23
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	10	484.00	48.40	.002	242.00	.09
SPACE MAINTAINERS	5	5	480.00	96.00	.001	96.00	.09
MAXILLOFACIAL SERVICES	2	2	130.00	65.00	.000	65.00	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	45	54	3,775.00	69.91	.010	83.89	.71
ALL OTHER SERVICES	18	43	150.00	3.49	.008	8.33	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,198
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR 100% PROGRAM						
			AID CODES 7A 7C 8R 8T				
					----- MONTHLY AVERAGE -----		
5,298 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	30	73 \$	1,833.11	\$ 25.11	.014	\$ 61.10	\$.35
DIAGNOSTIC AND ANC. PROCED	26	26	1,158.56	44.56	.005	44.56	.22
EYE APPLIANCES	16	47	674.55	14.35	.009	42.16	.13
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	5 \$	244.25	\$ 48.85	.001	\$ 81.42	\$.05
MEDICINE/INJECTIONS	3	3	99.49	33.16	.001	33.16	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	2	144.76	72.38	.000	144.76	.03
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	108	458 \$	75,343.03	\$ 164.50	.086	\$ 697.62	\$ 14.22
HOSP INPATIENT TOTAL	10	45	65,175.98	1448.36	.008	6517.60	12.30
HSC HOSPITALS	8	42	59,140.04	1408.10	.008	7392.51	11.16
NON-HSC HOSPITAL TOTAL	2	3	6,035.94	2011.98	.001	3017.97	1.14
ACCOMMODATIONS	2	3	1,191.30	397.10	.001	595.65	.22
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3	1,191.30	397.10	.001	595.65	.22
ANCILLARIES	2	0	4,844.64	.00	.000	2422.32	.91
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	98	413	10,167.05	24.62	.078	103.75	1.92
MEDICAL	14	17	769.26	45.25	.003	54.95	.15
SURGERY	8	10	517.96	51.80	.002	64.75	.10
PATHOLOGY	38	189	1,717.93	9.09	.036	45.21	.32
RADIOLOGY	30	42	2,311.69	55.04	.008	77.06	.44
ROOM USE	78	100	4,154.05	41.54	.019	53.26	.78
CROSSOVERS/ALL OTH OUTPTNT	38	55	696.16	12.66	.010	18.32	.13
@COUNTY HOSPITAL TOTAL	7	15 \$	13,676.66	\$ 911.78	.003	\$ 1953.81	\$ 2.58
CO HOSPITAL INPATIENT TOTAL	6	12	13,560.04	1130.00	.002	2260.01	2.56
HSC HOSPITALS	6	12	13,560.04	1130.00	.002	2260.01	2.56
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3	116.62	38.87	.001	116.62	.02
MEDICAL	1	2	81.55	40.78	.000	81.55	.02
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.07	35.07	.000	35.07	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,199
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
5,298 ELIGIBLES					----- MONTHLY AVERAGE -----		
@COMMUNITY HOSPITAL TOTAL	101	443	\$ 61,666.37	\$ 139.20	.084	\$ 610.56	\$ 11.64

COMM HOSP INPATIENT TOTAL	4	33		51,615.94	1564.12	.006	12903.99	9.74
HSC HOSPITALS	2	30		45,580.00	1519.33	.006	22790.00	8.60
NON-HSC HOSPITALS TOTAL	2	3		6,035.94	2011.98	.001	3017.97	1.14
ACCOMMODATIONS	2	3		1,191.30	397.10	.001	595.65	.22
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3		1,191.30	397.10	.001	595.65	.22
ANCILLARIES	2	0		4,844.64	.00	.000	2422.32	.91
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	97	410		10,050.43	24.51	.077	103.61	1.90
MEDICAL	13	15		687.71	45.85	.003	52.90	.13
SURGERY	8	10		517.96	51.80	.002	64.75	.10
PATHOLOGY	38	189		1,717.93	9.09	.036	45.21	.32
RADIOLOGY	30	42		2,311.69	55.04	.008	77.06	.44
ROOM USE	77	99		4,118.98	41.61	.019	53.49	.78
CROSSOVERS/ALL OTH OUTPTNT	38	55		696.16	12.66	.010	18.32	.13
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	1	121	\$	22,117.59	\$ 182.79	.023	\$ 22117.59	\$ 4.17
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	1	121		22,117.59	182.79	.023	22117.59	4.17
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	42	\$	688.30	\$ 16.39	.008	\$ 344.15	\$.13
HOSPITAL BASED	1	2		138.03	69.02	.000	138.03	.03
INDEPENDENT FACILITY	1	40		550.27	13.76	.008	550.27	.10
@LABORATORY FACILITY	11	30	\$	454.19	\$ 15.14	.006	\$ 41.29	\$.09
PATHOLOGY	11	30		454.19	15.14	.006	41.29	.09
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	500	675	\$	157,035.54	\$ 232.65	.127	\$ 314.07	\$ 29.64
CLINIC	11	68		2,056.19	30.24	.013	186.93	.39
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	491	607		154,979.35	255.32	.115	315.64	29.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,200
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T							

						----- MONTHLY AVERAGE -----			
5,298 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	472		8,103 \$	28,552.70	\$ 3.52	1.529	\$ 60.49	\$ 5.39	
DURABLE MED. EQUIP.	4		10	1,695.87	169.59	.002	423.97	.32	
BLOOD BANK	0		0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	8		57	819.63	14.38	.011	102.45	.15	
AMBULANCES/AIR TRANS	8		57	819.63	14.38	.011	102.45	.15	
OTHER TRANS	0		0	.00	.00	.000	.00	.00	
OTHER SERVICES	0		0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.000	105.00	.04
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	77	179	1,535.43	8.58	.034	19.94	.29
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	20	952.92	47.65	.004	476.46	.18
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	378	1,889	21,902.64	11.59	.357	57.94	4.13
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	5,946	1,436.21	.24	1.122	478.74	.27
@CALIF. CHILDREN SERVICES*	71	590	\$ 70,488.70	\$ 119.47	.111	\$ 992.80	\$ 13.30
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,201
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,108	21,345	\$ 1,216,228.11	\$ 56.98	.000	\$ 238.10	\$.00
@PHYSICIANS SERVICES	554	5,085	\$ 108,968.95	\$ 21.43	.000	\$ 196.69	\$.00
OUTPATIENT VISITS	337	4,419	84,370.14	19.09	.000	250.36	.00
OFFICE VISITS	69	69	1,404.21	20.35	.000	20.35	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	330	4,349	82,947.61	19.07	.000	251.36	.00
OTHER OUTPATIENT	1	1	18.32	18.32	.000	18.32	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	7	332.60	47.51	.000	166.30	.00
PRINCIPAL SURGEON	1	1	168.65	168.65	.000	168.65	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6	163.95	27.33	.000	163.95	.00
OUTPATIENT SURGERY	38	65	4,817.83	74.12	.000	126.79	.00
PRINCIPAL SURGEON	37	63	4,722.12	74.95	.000	127.62	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2	95.71	47.86	.000	95.71	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	207	340	1,720.95	5.06	.000	8.31	.00
RADIOLOGY	223	228	17,142.27	75.19	.000	76.87	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	4	470.04	117.51	.000	117.51	.00
OTHER SERVICES/ALL X-OVERS	6	22	115.12	5.23	.000	19.19	.00

@PHARMACY	456	675	\$	13,767.43	\$	20.40	.000	\$	30.19	\$	.00
PRESCRIPTION DRUGS	451	649		12,687.82		19.55	.000		28.13		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	451	649		12,687.82		19.55	.000		28.13		.00
MEDICAL SUPPLIES	16	26		1,079.61		41.52	.000		67.48		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,202
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$	.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	\$	.00	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	118	259	\$ 8,069.53	\$ 31.16	.000	\$	68.39	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	118	259	8,069.53	31.16	.000		68.39	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	3	5	102.33	20.47	.000		34.11	.00
PATHOLOGY	81	211	5,572.73	26.41	.000		68.80	.00
RADIOLOGY	24	24	1,769.61	73.73	.000		73.73	.00
ROOM USE	15	19	624.86	32.89	.000		41.66	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,203
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	118	259	\$ 8,069.53	\$ 31.16	.000	\$ 68.39	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	118	259	8,069.53	31.16	.000	68.39	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	3	5	102.33	20.47	.000	34.11	.00
PATHOLOGY	81	211	5,572.73	26.41	.000	68.80	.00
RADIOLOGY	24	24	1,769.61	73.73	.000	73.73	.00
ROOM USE	15	19	624.86	32.89	.000	41.66	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,408	4,292	\$	95,718.35	\$	22.30	.000	\$	67.98	\$	.00
PATHOLOGY	1,408	4,292		95,718.35		22.30	.000		67.98		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3,485	10,803	\$	965,501.35	\$	89.37	.000	\$	277.04	\$	.00
CLINIC	1,734	8,012		359,625.99		44.89	.000		207.40		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,757	2,791		605,875.36		217.08	.000		344.84		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,204
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G										
							----- MONTHLY AVERAGE -----				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER		

	231	OR DAYS OF CARE 231	\$	24,202.50	PER UNIT/DAY \$ 104.77	PER ELIG .000	USER \$ 104.77	ELIGIBLE \$.00
@ALL OTHER PROVIDERS	231	231	\$	24,202.50	\$ 104.77	.000	\$ 104.77	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	231	231		24,202.50	104.77	.000	104.77	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,205
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,206
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,207
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

PAGE 2,208 01/29/04

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
MOP024
CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

PAGE 2,209
01/29/04

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,282 ELIGIBLES							
@TOTAL, ALL PROVIDERS	1,103	7,411	\$ 642,940.08	\$ 86.75	5.781	\$ 582.90	\$ 501.51
@PHYSICIANS SERVICES	455	3,049	\$ 110,332.85	\$ 36.19	2.378	\$ 242.49	\$ 86.06
OUTPATIENT VISITS	174	1,259	23,408.81	18.59	.982	134.53	18.26
OFFICE VISITS	34	39	1,870.91	47.97	.030	55.03	1.46
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	56	59	3,239.71	54.91	.046	57.85	2.53
PREVENTIVE CARE	1	1	34.69	34.69	.001	34.69	.03
OB VISITS/COMPRE PERI	104	1,158	18,250.62	15.76	.903	175.49	14.24
OTHER OUTPATIENT	2	2	12.88	6.44	.002	6.44	.01
INPATIENT VISITS	75	204	10,667.55	52.29	.159	142.23	8.32

HOSPITAL VISITS	72	175		7,202.14		41.16	.137	100.03	5.62
CRITICAL CARE	3	29		3,465.41		119.50	.023	1155.14	2.70
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	94	366		39,695.39		108.46	.285	422.29	30.96
PRINCIPAL SURGEON	69	95		31,286.92		329.34	.074	453.43	24.40
ASSISTANT SURGEON	9	9		1,667.65		185.29	.007	185.29	1.30
ANESTHESIOLOGIST	40	262		6,740.82		25.73	.204	168.52	5.26
OUTPATIENT SURGERY	105	208		19,155.08		92.09	.162	182.43	14.94
PRINCIPAL SURGEON	103	133		16,484.32		123.94	.104	160.04	12.86
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	53	75		2,670.76		35.61	.059	50.39	2.08
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	140	457		3,256.89		7.13	.356	23.26	2.54
RADIOLOGY	129	148		9,111.35		61.56	.115	70.63	7.11
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	99	253		2,621.24		10.36	.197	26.48	2.04
OTHER SERVICES/ALL X-OVERS	68	154		2,416.54		15.69	.120	35.54	1.88
@PHARMACY	135	270	\$	6,129.37	\$	22.70	.211	45.40	4.78
PRESCRIPTION DRUGS	131	256		5,101.69		19.93	.200	38.94	3.98
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	131	256		5,101.69		19.93	.200	38.94	3.98
MEDICAL SUPPLIES	12	14		1,027.68		73.41	.011	85.64	.80
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,210
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N								

	1,282 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	10	49	\$	1,355.30	\$ 27.66	.038	\$ 135.53	\$ 1.06

NURSE MIDWIFE	1	3	\$	1,185.86	\$	395.29	.002	\$	1185.86	\$	.93
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	171	823	\$	283,414.80	\$	344.37	.642	\$	1657.40	\$	221.07
HOSP INPATIENT TOTAL	72	246		270,048.64		1097.76	.192		3750.68		210.65
HSC HOSPITALS	59	169		196,816.01		1164.59	.132		3335.86		153.52
NON-HSC HOSPITAL TOTAL	14	77		73,232.63		951.07	.060		5230.90		57.12
ACCOMMODATIONS	14	77		48,633.11		631.60	.060		3473.79		37.94
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	14	77		48,633.11		631.60	.060		3473.79		37.94
ANCILLARIES	14	0		24,599.52		.00	.000		1757.11		19.19
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	111	577		13,366.16		23.16	.450		120.42		10.43
MEDICAL	10	12		362.36		30.20	.009		36.24		.28
SURGERY	18	25		745.51		29.82	.020		41.42		.58
PATHOLOGY	67	297		3,932.59		13.24	.232		58.70		3.07
RADIOLOGY	20	22		1,371.26		62.33	.017		68.56		1.07
ROOM USE	69	111		4,836.32		43.57	.087		70.09		3.77
CROSSOVERS/ALL OTH OUTPTNT	51	110		2,118.12		19.26	.086		41.53		1.65
@COUNTY HOSPITAL TOTAL	56	292	\$	114,200.41	\$	391.10	.228	\$	2039.29	\$	89.08
CO HOSPITAL INPATIENT TOTAL	32	95		108,280.58		1139.80	.074		3383.77		84.46
HSC HOSPITALS	32	95		108,280.58		1139.80	.074		3383.77		84.46
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	24	197		5,919.83		30.05	.154		246.66		4.62
MEDICAL	3	3		25.66		8.55	.002		8.55		.02
SURGERY	14	20		603.32		30.17	.016		43.09		.47
PATHOLOGY	13	85		1,739.81		20.47	.066		133.83		1.36
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	15	41		2,325.81		56.73	.032		155.05		1.81
CROSSOVERS/ALL OTH OUTPTNT	16	48		1,225.23		25.53	.037		76.58		.96
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,211
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N										

	1,282 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	116	531	\$	169,214.39	\$ 318.67	.414	\$ 1458.74	\$ 131.99
COMM HOSP INPATIENT TOTAL	40	151		161,768.06	1071.31	.118	4044.20	126.18
HSC HOSPITALS	27	74		88,535.43	1196.42	.058	3279.09	69.06
NON-HSC HOSPITALS TOTAL	14	77		73,232.63	951.07	.060	5230.90	57.12
ACCOMMODATIONS	14	77		48,633.11	631.60	.060	3473.79	37.94
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	14	77		48,633.11	631.60	.060	3473.79	37.94
ANCILLARIES	14	0		24,599.52	.00	.000	1757.11	19.19
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	87	380		7,446.33	19.60	.296	85.59	5.81
MEDICAL	7	9		336.70	37.41	.007	48.10	.26
SURGERY	4	5		142.19	28.44	.004	35.55	.11
PATHOLOGY	54	212		2,192.78	10.34	.165	40.61	1.71

RADIOLOGY	20	22		1,371.26	62.33	.017	68.56	1.07
ROOM USE	54	70		2,510.51	35.86	.055	46.49	1.96
CROSSOVERS/ALL OTH OUTPTNT	35	62		892.89	14.40	.048	25.51	.70
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	172	416	\$	6,090.63	\$ 14.64	.324	\$ 35.41	\$ 4.75
PATHOLOGY	172	416		6,090.63	14.64	.324	35.41	4.75
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	558	2,732	\$	229,019.03	\$ 83.83	2.131	\$ 410.43	\$ 178.64
CLINIC	353	2,215		71,244.59	32.16	1.728	201.83	55.57
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	216	517		157,774.44	305.17	.403	730.44	123.07
#CALIF DEPT OF HEALTH SERV								
MOP024								
CONTRA COSTA COUNT								

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SUMMARY OF SERVICES FOR				MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N				----- MONTHLY AVERAGE -----			
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				
@ALL OTHER PROVIDERS	50	69	\$ 5,412.24	\$ 78.44	.054	\$ 108.24	\$ 4.22				
DURABLE MED. EQUIP.	2	2	293.30	146.65	.002	146.65	.23				
BLOOD BANK	0	0	.00	.00	.000	.00	.00				
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00				
MEDICAL TRANSPORTATION	5	22	465.94	21.18	.017	93.19	.36				
AMBULANCES/AIR TRANS	5	22	465.94	21.18	.017	93.19	.36				
OTHER TRANS	0	0	.00	.00	.000	.00	.00				
OTHER SERVICES	0	0	.00	.00	.000	.00	.00				
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00				
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00				
GENETIC DISEASE TESTING	42	42	4,357.50	103.75	.033	103.75	3.40				
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00				
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00				
OPTICIAN	0	0	.00	.00	.000	.00	.00				
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00				
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00				
PROSTHETIST/ORTHOTISTS	3	3	295.50	98.50	.002	98.50	.23				
PROSTHETICS	1	1	93.50	93.50	.001	93.50	.07				
ORTHOTICS	2	2	202.00	101.00	.002	101.00	.16				
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00				
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00				
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00				
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00				

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,213
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

4,095 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6,639	22,257	\$ 1,668,896.09	\$ 74.98	5.435	\$ 251.38	\$ 407.54
@PHYSICIANS SERVICES	396	1,088	\$ 56,764.10	\$ 52.17	.266	\$ 143.34	\$ 13.86
OUTPATIENT VISITS	273	328	14,296.87	43.59	.080	52.37	3.49
OFFICE VISITS	107	121	4,391.57	36.29	.030	41.04	1.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	139	154	8,184.31	53.14	.038	58.88	2.00
PREVENTIVE CARE	2	3	94.71	31.57	.001	47.36	.02
OB VISITS/COMPRE PERI	9	23	749.59	32.59	.006	83.29	.18
OTHER OUTPATIENT	25	27	876.69	32.47	.007	35.07	.21
INPATIENT VISITS	37	165	19,499.65	118.18	.040	527.02	4.76
HOSPITAL VISITS	26	57	2,543.71	44.63	.014	97.84	.62
CRITICAL CARE	14	108	16,955.94	157.00	.026	1211.14	4.14
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	157.76	52.59	.001	52.59	.04
EXAMINATIONS	3	3	157.76	52.59	.001	52.59	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	23	106	12,850.56	121.23	.026	558.72	3.14
PRINCIPAL SURGEON	16	21	9,682.80	461.09	.005	605.18	2.36
ASSISTANT SURGEON	1	1	389.04	389.04	.000	389.04	.10
ANESTHESIOLOGIST	11	84	2,778.72	33.08	.021	252.61	.68
OUTPATIENT SURGERY	35	65	4,518.61	69.52	.016	129.10	1.10
PRINCIPAL SURGEON	32	36	3,771.17	104.75	.009	117.85	.92
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	29	747.44	25.77	.007	83.05	.18
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	50	156	893.33	5.73	.038	17.87	.22
RADIOLOGY	51	82	2,078.13	25.34	.020	40.75	.51
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	34	304.21	8.95	.008	21.73	.07
OTHER SERVICES/ALL X-OVERS	36	149	2,164.98	14.53	.036	60.14	.53
@PHARMACY	513	1,333	\$ 62,606.13	\$ 46.97	.326	\$ 122.04	\$ 15.29
PRESCRIPTION DRUGS	507	1,086	61,579.79	56.70	.265	121.46	15.04
SNF/ICF	1	2	27.94	13.97	.000	27.94	.01
OUTPATIENTS	507	1,084	61,551.85	56.78	.265	121.40	15.03
MEDICAL SUPPLIES	12	247	1,026.34	4.16	.060	85.53	.25
@DENTIST	2,002	11,069	\$ 354,782.29	\$ 32.05	2.703	\$ 177.21	\$ 86.64
VISITS - DIAGNOSTIC	1,424	7,163	91,984.19	12.84	1.749	64.60	22.46
ORAL SURGERY	317	693	46,902.00	67.68	.169	147.96	11.45
DRUGS	77	90	1,850.00	20.56	.022	24.03	.45
ANESTHESIA	17	18	1,600.00	88.89	.004	94.12	.39
PERIODONTICS	83	82	12,657.00	154.35	.020	152.49	3.09
ENDODONTICS	158	270	37,181.00	137.71	.066	235.32	9.08
RESTORATIVE DENTISTRY	764	2,390	138,638.75	58.01	.584	181.46	33.86
PROSTHETICS	12	12	310.00	25.83	.003	25.83	.08

DENTURES, STAYPLATES	51	176	13,443.00	76.38	.043	263.59	3.28
SPACE MAINTAINERS	8	8	911.00	113.88	.002	113.88	.22
MAXILLOFACIAL SERVICES	5	5	1,875.35	375.07	.001	375.07	.46
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	76	89	7,405.00	83.20	.022	97.43	1.81
ALL OTHER SERVICES	41	73	25.00	.34	.018	.61	.01

#CALIF DEPT OF HEALTH SERV MOP024
 CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES

AID CODE 38
 PAGE 2,214
 01/29/04

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
4,095 ELIGIBLES							
@OPTOMETRIST	18	58	\$ 1,405.93	\$ 24.24	.014	\$ 78.11	\$.34
DIAGNOSTIC AND ANC. PROCED	17	17	792.34	46.61	.004	46.61	.19
EYE APPLIANCES	13	41	613.59	14.97	.010	47.20	.15
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	5	8	\$	133.76	\$	16.72	.002	\$	26.75	\$	.03
VISITS	5	8		133.76		16.72	.002		26.75		.03
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	3	3	\$	165.40	\$	55.13	.001	\$	55.13	\$	.04
MEDICINE/INJECTIONS	3	3		165.40		55.13	.001		55.13		.04
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	3	22	\$	401.23	\$	18.24	.005	\$	133.74	\$	.10
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	276	1,070	\$	269,661.00	\$	252.02	.261	\$	977.03	\$	65.85
HOSP INPATIENT TOTAL	37	176		242,509.62		1377.90	.043		6554.31		59.22
HSC HOSPITALS	31	147		200,380.09		1363.13	.036		6463.87		48.93
NON-HSC HOSPITAL TOTAL	8	29		42,129.53		1452.74	.007		5266.19		10.29
ACCOMMODATIONS	8	29		19,412.20		669.39	.007		2426.53		4.74
ADMINISTRATIVE DAYS	1	4		462.60		115.65	.001		462.60		.11
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	25		18,949.60		757.98	.006		2707.09		4.63
ANCILLARIES	8	0		22,717.33		.00	.000		2839.67		5.55
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	244	894		27,151.38		30.37	.218		111.28		6.63
MEDICAL	55	70		3,702.82		52.90	.017		67.32		.90
SURGERY	20	24		1,017.57		42.40	.006		50.88		.25
PATHOLOGY	79	316		3,506.84		11.10	.077		44.39		.86
RADIOLOGY	52	62		2,939.26		47.41	.015		56.52		.72
ROOM USE	197	232		8,168.24		35.21	.057		41.46		1.99
CROSSOVERS/ALL OTH OUTPTNT	102	190		7,816.65		41.14	.046		76.63		1.91
@COUNTY HOSPITAL TOTAL	19	118	\$	57,770.36	\$	489.58	.029	\$	3040.55	\$	14.11
CO HOSPITAL INPATIENT TOTAL	9	55		56,061.01		1019.29	.013		6229.00		13.69
HSC HOSPITALS	9	51		54,305.02		1064.80	.012		6033.89		13.26
NON-HSC HOSPITALS TOTAL	1	4		1,755.99		439.00	.001		1755.99		.43
ACCOMMODATIONS	1	4		462.60		115.65	.001		462.60		.11
ADMINISTRATIVE DAYS	1	4		462.60		115.65	.001		462.60		.11
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		1,293.39		.00	.000		1293.39		.32
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	10	63		1,709.35		27.13	.015		170.94		.42
MEDICAL	2	2		39.40		19.70	.000		19.70		.01
SURGERY	3	5		117.41		23.48	.001		39.14		.03
PATHOLOGY	6	28		374.16		13.36	.007		62.36		.09
RADIOLOGY	3	4		484.30		121.08	.001		161.43		.12
ROOM USE	8	11		509.87		46.35	.003		63.73		.12
CROSSOVERS/ALL OTH OUTPTNT	6	13		184.21		14.17	.003		30.70		.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,215
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

						----- MONTHLY AVERAGE -----			
4,095 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	260	952	\$	211,890.64	\$ 222.57	.232	\$ 814.96	\$ 51.74	
COMM HOSP INPATIENT TOTAL	30	121		186,448.61	1540.90	.030	6214.95	45.53	
HSC HOSPITALS	23	96		146,075.07	1521.62	.023	6351.09	35.67	
NON-HSC HOSPITALS TOTAL	7	25		40,373.54	1614.94	.006	5767.65	9.86	
ACCOMMODATIONS	7	25		18,949.60	757.98	.006	2707.09	4.63	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	25	18,949.60	757.98	.006	2707.09	4.63
ANCILLARIES	7	0	21,423.94	.00	.000	3060.56	5.23
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	234	831	25,442.03	30.62	.203	108.73	6.21
MEDICAL	53	68	3,663.42	53.87	.017	69.12	.89
SURGERY	17	19	900.16	47.38	.005	52.95	.22
PATHOLOGY	73	288	3,132.68	10.88	.070	42.91	.77
RADIOLOGY	49	58	2,454.96	42.33	.014	50.10	.60
ROOM USE	189	221	7,658.37	34.65	.054	40.52	1.87
CROSSOVERS/ALL OTH OUTPTNT	96	177	7,632.44	43.12	.043	79.50	1.86
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	381.61	381.61	.000	381.61	.09
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1	381.61	381.61	.000	381.61	.09
@REHABILITATION FACILITY	9	96	1,511.32	15.74	.023	167.92	.37
HOSPITAL BASED	3	6	428.62	71.44	.001	142.87	.10
INDEPENDENT FACILITY	6	90	1,082.70	12.03	.022	180.45	.26
@LABORATORY FACILITY	61	253	3,579.77	14.15	.062	58.68	.87
PATHOLOGY	61	253	3,579.77	14.15	.062	58.68	.87
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3,080	4,363	878,695.37	201.40	1.065	285.29	214.58
CLINIC	76	374	9,721.39	25.99	.091	127.91	2.37
SURGICENTER	2	9	311.08	34.56	.002	155.54	.08
HEROIN DETOX CLINIC	2	35	378.25	10.81	.009	189.13	.09
RURAL HEALTH CLINIC	3,004	3,945	868,284.65	220.10	.963	289.04	212.04

#CALIF DEPT OF HEALTH SERV MOP024 CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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FEE-FOR-SERVICE/DENTAL

01/29/04

SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES

AID CODE 38

4,095 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	934	2,893	\$ 38,808.18	\$ 13.41	.706	\$ 41.55	\$ 9.48
DURABLE MED. EQUIP.	2	4	406.68	101.67	.001	203.34	.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	24	122	4,643.46	38.06	.030	193.48	1.13
AMBULANCES/AIR TRANS	23	118	2,823.62	23.93	.029	122.77	.69
OTHER TRANS	1	3	19.84	6.61	.001	19.84	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.44
ACUPUNCTURE	11	26	454.15	17.47	.006	41.29	.11
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	30	31	3,152.50	101.69	.008	105.08	.77
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00

OPTICIAN	236	505	4,584.81	9.08	.123	19.43	1.12
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	5	658.71	131.74	.001	658.71	.16
PROSTHETICS	1	5	658.71	131.74	.001	658.71	.16
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	9	170.59	18.95	.002	85.30	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	630	2,191	24,737.28	11.29	.535	39.27	6.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	92	636	\$ 138,043.22	\$ 217.05	.155	\$ 1500.47	\$ 33.71
@XOVER EXCLUDING STATE HOSP**	3	16	\$ 471.78	\$ 29.49	.004	\$ 157.26	\$.12

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,217
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

	1,725 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	778	8,956	\$	318,441.14	\$ 35.56	5.192	\$ 409.31	\$ 184.60
@PHYSICIANS SERVICES	227	1,110	\$	23,586.18	\$ 21.25	.643	\$ 103.90	\$ 13.67
OUTPATIENT VISITS	176	230		10,421.16	45.31	.133	59.21	6.04
OFFICE VISITS	75	92		3,176.49	34.53	.053	42.35	1.84
HOME VISITS	2	2		111.30	55.65	.001	55.65	.06
EMERGENCY ROOM	97	126		6,683.95	53.05	.073	68.91	3.87
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1		60.48	60.48	.001	60.48	.04
OTHER OUTPATIENT	9	9		388.94	43.22	.005	43.22	.23
INPATIENT VISITS	17	64		5,521.05	86.27	.037	324.77	3.20
HOSPITAL VISITS	15	48		2,642.62	55.05	.028	176.17	1.53
CRITICAL CARE	2	16		2,878.43	179.90	.009	1439.22	1.67
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	605		3,490.70	5.77	.351	581.78	2.02
PRINCIPAL SURGEON	4	6		2,598.31	433.05	.003	649.58	1.51
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	599		892.39	1.49	.347	297.46	.52
OUTPATIENT SURGERY	9	11		345.09	31.37	.006	38.34	.20
PRINCIPAL SURGEON	9	11		345.09	31.37	.006	38.34	.20
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	20	98		403.03	4.11	.057	20.15	.23
RADIOLOGY	48	70		2,237.22	31.96	.041	46.61	1.30
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		13.76	13.76	.001	13.76	.01
OTHER SERVICES/ALL X-OVERS	21	31		1,154.17	37.23	.018	54.96	.67
@PHARMACY	482	1,919	\$	87,020.97	\$ 45.35	1.112	\$ 180.54	\$ 50.45
PRESCRIPTION DRUGS	480	1,402		85,197.27	60.77	.813	177.49	49.39
SNF/ICF	5	23		3,299.96	143.48	.013	659.99	1.91
OUTPATIENTS	475	1,379		81,897.31	59.39	.799	172.42	47.48

MEDICAL SUPPLIES	15	517		1,823.70		3.53	.300	121.58		1.06
@DENTIST	59	312	\$	11,044.75	\$	35.40	.181	\$ 187.20	\$	6.40
VISITS - DIAGNOSTIC	34	177		2,226.50		12.58	.103	65.49		1.29
ORAL SURGERY	7	16		524.00		32.75	.009	74.86		.30
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	3	3		518.00		172.67	.002	172.67		.30
ENDODONTICS	2	3		1,135.00		378.33	.002	567.50		.66
RESTORATIVE DENTISTRY	27	85		4,911.25		57.78	.049	181.90		2.85
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	7	28		1,730.00		61.79	.016	247.14		1.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE	2,218
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P									

----- MONTHLY AVERAGE -----									
1,725 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	8	17	\$ 392.77	\$ 23.10	.010	\$ 49.10	\$.23		
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.002	47.45	.11		
EYE APPLIANCES	5	13	202.97	15.61	.008	40.59	.12		
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00		
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.001	\$ 33.44	\$.02		
VISITS	1	2	33.44	16.72	.001	33.44	.02		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	1	1	\$ 24.00	\$ 24.00	.001	\$ 24.00	\$.01		
MEDICINE/INJECTIONS	1	1	24.00	24.00	.001	24.00	.01		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	0	0	.00	.00	.000	.00	.00		
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00		
NURSE ANESTHESIST	1	1	\$ 64.70	\$ 64.70	.001	\$ 64.70	\$.04		
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00		
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00		
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00		
@TOTAL HOSPITAL	137	657	\$ 111,646.32	\$ 169.93	.381	\$ 814.94	\$ 64.72		
HOSP INPATIENT TOTAL	12	57	97,895.18	1717.46	.033	8157.93	56.75		
HSC HOSPITALS	9	44	59,030.03	1341.59	.026	6558.89	34.22		
NON-HSC HOSPITAL TOTAL	3	13	38,865.15	2989.63	.008	12955.05	22.53		
ACCOMMODATIONS	3	13	7,231.98	556.31	.008	2410.66	4.19		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	3	13	7,231.98	556.31	.008	2410.66	4.19		
ANCILLARIES	3	0	31,633.17	.00	.000	10544.39	18.34		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	126	600	13,751.14	22.92	.348	109.14	7.97		
MEDICAL	24	39	1,688.84	43.30	.023	70.37	.98		
SURGERY	9	9	147.43	16.38	.005	16.38	.09		
PATHOLOGY	36	225	2,074.29	9.22	.130	57.62	1.20		
RADIOLOGY	35	52	2,557.16	49.18	.030	73.06	1.48		
ROOM USE	108	137	4,938.44	36.05	.079	45.73	2.86		
CROSSOVERS/ALL OTH OUTPTNT	67	138	2,344.98	16.99	.080	35.00	1.36		
@COUNTY HOSPITAL TOTAL	8	37	\$ 24,552.97	\$ 663.59	.021	\$ 3069.12	\$ 14.23		
CO HOSPITAL INPATIENT TOTAL	5	21	24,240.00	1154.29	.012	4848.00	14.05		
HSC HOSPITALS	5	21	24,240.00	1154.29	.012	4848.00	14.05		

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	16	312.97	19.56	.009	104.32	.18
MEDICAL	2	2	49.50	24.75	.001	24.75	.03
SURGERY	1	1	23.72	23.72	.001	23.72	.01
PATHOLOGY	1	8	106.62	13.33	.005	106.62	.06
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	105.18	35.06	.002	35.06	.06
CROSSOVERS/ALL OTH OUTPTNT	1	2	27.95	13.98	.001	27.95	.02

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1,725 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	131	620	\$ 87,093.35	\$ 140.47	.359		\$ 664.83	\$ 50.49
COMM HOSP INPATIENT TOTAL	7	36	73,655.18	2045.98	.021		10522.17	42.70
HSC HOSPITALS	4	23	34,790.03	1512.61	.013		8697.51	20.17
NON-HSC HOSPITALS TOTAL	3	13	38,865.15	2989.63	.008		12955.05	22.53
ACCOMMODATIONS	3	13	7,231.98	556.31	.008		2410.66	4.19
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	3	13	7,231.98	556.31	.008		2410.66	4.19
ANCILLARIES	3	0	31,633.17	.00	.000		10544.39	18.34
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	124	584	13,438.17	23.01	.339		108.37	7.79
MEDICAL	22	37	1,639.34	44.31	.021		74.52	.95
SURGERY	8	8	123.71	15.46	.005		15.46	.07
PATHOLOGY	35	217	1,967.67	9.07	.126		56.22	1.14
RADIOLOGY	35	52	2,557.16	49.18	.030		73.06	1.48
ROOM USE	106	134	4,833.26	36.07	.078		45.60	2.80
CROSSOVERS/ALL OTH OUTPTNT	66	136	2,317.03	17.04	.079		35.11	1.34
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	0	0	.00	.00	.000		.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000		\$.00	\$.00
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000		.00	.00
@REHABILITATION FACILITY	2	4	\$ 70.28	\$ 17.57	.002		\$ 35.14	\$.04
HOSPITAL BASED	1	2	37.68	18.84	.001		37.68	.02
INDEPENDENT FACILITY	1	2	32.60	16.30	.001		32.60	.02
@LABORATORY FACILITY	22	89	\$ 854.83	\$ 9.60	.052		\$ 38.86	\$.50
PATHOLOGY	22	89	854.83	9.60	.052		38.86	.50
XO AND OTHERS	0	0	.00	.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	210	330	\$ 76,526.16	\$ 231.90	.191		\$ 364.41	\$ 44.36
CLINIC	12	51	963.31	18.89	.030		80.28	.56
SURGICENTER	0	0	.00	.00	.000		.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	200	279	75,562.85	270.83	.162		377.81	43.80

1,725 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	73	4,514	\$ 7,176.74	\$ 1.59	2.617		\$ 98.31	\$ 4.16
DURABLE MED. EQUIP.	3	4	339.13	84.78	.002		113.04	.20
BLOOD BANK	0	0	.00	.00	.000		.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	31	280	4,252.02	15.19	.162	137.16	2.46
AMBULANCES/AIR TRANS	31	280	4,252.02	15.19	.162	137.16	2.46
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.06
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	28	323.10	11.54	.016	26.93	.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	7	305.94	43.71	.004	152.97	.18
PROSTHETICS	1	6	137.94	22.99	.003	137.94	.08
ORTHOTICS	1	1	168.00	168.00	.001	168.00	.10
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	19	76	1,002.08	13.19	.044	52.74	.58
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	4,118	849.47	.21	2.387	169.89	.49
@CALIF. CHILDREN SERVICES*	23	153	\$ 33,207.09	\$ 217.04	.089	\$ 1443.79	\$ 19.25
@XOVER EXCLUDING STATE HOSP**	11	45	\$ 498.25	\$ 11.07	.026	\$ 45.30	\$.29

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,221
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED	AID CODE 1E	

810 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	836	47,250	\$ 1,204,747.42	\$ 25.50	58.333	\$ 1441.09	\$ 1487.34
@PHYSICIANS SERVICES	49	275	\$ 2,670.42	\$ 9.71	.340	\$ 54.50	\$ 3.30
OUTPATIENT VISITS	1	1	108.08	108.08	.001	108.08	.13
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.001	108.08	.13
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	13	545.91	41.99	.016	272.96	.67
HOSPITAL VISITS	2	11	478.41	43.49	.014	239.21	.59
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	2	67.50	33.75	.002	33.75	.08
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.001	57.79	.07
EXAMINATIONS	1	1	57.79	57.79	.001	57.79	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	31	56.13	1.81	.038	56.13	.07
RADIOLOGY	1	2	13.84	6.92	.002	13.84	.02
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	46	227	1,888.67	8.32	.280	41.06	2.33
@PHARMACY	719	9,763	\$ 164,540.36	\$ 16.85	12.053	\$ 228.85	\$ 203.14
PRESCRIPTION DRUGS	710	2,648	162,105.44	61.22	3.269	228.32	200.13
SNF/ICF	239	1,322	72,002.28	54.46	1.632	301.26	88.89
OUTPATIENTS	476	1,326	90,103.16	67.95	1.637	189.29	111.24
MEDICAL SUPPLIES	35	7,115	2,434.92	.34	8.784	69.57	3.01
@DENTIST	22	84	\$ 3,965.00	\$ 47.20	.104	\$ 180.23	\$ 4.90
VISITS - DIAGNOSTIC	18	53	720.00	13.58	.065	40.00	.89
ORAL SURGERY	3	4	270.00	67.50	.005	90.00	.33
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	17	970.00	57.06	.021	323.33	1.20
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	10	2,005.00	200.50	.012	401.00	2.48
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
CONTRA COSTA COUNT

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

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810 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9	29	\$ 473.56	\$ 16.33	.036	\$ 52.62	\$.58
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.001	47.45	.06
EYE APPLIANCES	7	26	421.05	16.19	.032	60.15	.52
OTHER OPTOMETRIC SERVICES	1	2	5.06	2.53	.002	5.06	.01
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	44	61	\$ 180.55	\$ 2.96	.075	\$ 4.10	\$.22
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	44	61	180.55	2.96	.075	4.10	.22
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	32	249	\$ 25,895.58	\$ 104.00	.307	\$ 809.24	\$ 31.97
HOSP INPATIENT TOTAL	13	83	23,687.41	285.39	.102	1822.11	29.24
HSC HOSPITALS	2	13	14,851.45	1142.42	.016	7425.73	18.34
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	11	70	8,835.96	126.23	.086	803.27	10.91
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	22	166		2,208.17	13.30	.205	100.37	2.73
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	22	166		2,208.17	13.30	.205	100.37	2.73
@COUNTY HOSPITAL TOTAL	1	6	\$	840.00	\$ 140.00	.007	\$ 840.00	\$ 1.04
CO HOSPITAL INPATIENT TOTAL	1	6		840.00	140.00	.007	840.00	1.04
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	6		840.00	140.00	.007	840.00	1.04
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED							
	AID CODE 1E							

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810 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	31	243	\$ 25,055.58	\$ 103.11	.300	\$ 808.24	\$ 30.93
COMM HOSP INPATIENT TOTAL	12	77	22,847.41	296.72	.095	1903.95	28.21
HSC HOSPITALS	2	13	14,851.45	1142.42	.016	7425.73	18.34
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	10	64	7,995.96	124.94	.079	799.60	9.87
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	22	166	2,208.17	13.30	.205	100.37	2.73
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	22	166	2,208.17	13.30	.205	100.37	2.73
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	271	6,839	\$ 933,380.87	\$ 136.48	8.443	\$ 3444.21	\$ 1152.32
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	271	6,839	933,380.87	136.48	8.443	3444.21	1152.32
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	15	16	\$	8,218.64	\$ 513.67	.020	\$ 547.91	\$ 10.15
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	15	16		8,218.64	513.67	.020	547.91	10.15
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	35	41	\$	6,086.06	\$ 148.44	.051	\$ 173.89	\$ 7.51
CLINIC	2	3		60.96	20.32	.004	30.48	.08
SURGICENTER	1	2		140.80	70.40	.002	140.80	.17
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00

810 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	125	29,893	\$ 59,336.38	\$ 1.98	36.905	\$ 474.69	\$ 73.25
DURABLE MED. EQUIP.	9	95	6,885.79	72.48	.117	765.09	8.50
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	714.37	357.19	.002	357.19	.88
MEDICAL TRANSPORTATION	39	3,193	12,810.39	4.01	3.942	328.47	15.82
AMBULANCES/AIR TRANS	2	6	245.89	40.98	.007	122.95	.30
OTHER TRANS	35	3,169	12,489.34	3.94	3.912	356.84	15.42
OTHER SERVICES	3	18	75.16	4.18	.022	25.05	.09
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	8	137	9,474.89	69.16	.169	1184.36	11.70
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	15	32	390.03	12.19	.040	26.00	.48
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	6	11	8.29	.75	.014	1.38	.01
PROSTHETIST/ORTHOTISTS	1	1	6.68	6.68	.001	6.68	.01
PROSTHETICS	1	1	6.68	6.68	.001	6.68	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	8	826.08	103.26	.010	206.52	1.02
HOSPICE SERVICES	6	184	23,156.56	125.85	.227	3859.43	28.59
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	44	26,230	5,063.30	.19	32.383	115.08	6.25
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	162	9,909	\$ 41,853.56	\$ 4.22	12.233	\$ 258.36	\$ 51.67

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

88 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	121	16,162	\$ 116,551.76	\$ 7.21	183.659	\$ 963.24	\$ 1324.45
@PHYSICIANS SERVICES	11	53	\$ 1,888.30	\$ 35.63	.602	\$ 171.66	\$ 21.46
OUTPATIENT VISITS	3	4	261.33	65.33	.045	87.11	2.97
OFFICE VISITS	1	2	83.50	41.75	.023	83.50	.95
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.011	108.08	1.23
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	69.75	69.75	.011	69.75	.79
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	7	278.11	39.73	.080	139.06	3.16

EXAMINATIONS	2	7		278.11	39.73	.080	139.06	3.16	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
DIALYSIS	4	12		1,033.12	86.09	.136	258.28	11.74	
PATHOLOGY	1	22		48.54	2.21	.250	48.54	.55	
RADIOLOGY	1	1		26.57	26.57	.011	26.57	.30	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	5	7		240.63	34.38	.080	48.13	2.73	
@PHARMACY	104	5,552	\$	44,756.02	\$ 8.06	63.091	\$ 430.35	\$ 508.59	
PRESCRIPTION DRUGS	103	473		41,949.28	88.69	5.375	407.27	476.70	
SNF/ICF	14	116		6,970.68	60.09	1.318	497.91	79.21	
OUTPATIENTS	89	357		34,978.60	97.98	4.057	393.02	397.48	
MEDICAL SUPPLIES	22	5,079		2,806.74	.55	57.716	127.58	31.89	
@DENTIST	8	30	\$	693.00	\$ 23.10	.341	\$ 86.63	\$ 7.88	
VISITS - DIAGNOSTIC	6	21		328.00	15.62	.239	54.67	3.73	
ORAL SURGERY	1	1		85.00	85.00	.011	85.00	.97	
DRUGS	1	1		.00	.00	.011	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	1	1		118.00	118.00	.011	118.00	1.34	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	4	4		162.00	40.50	.045	40.50	1.84	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	1	2		.00	.00	.023	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,226
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND								AID CODE 2E

88 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 42.85	\$ 14.28	.034	\$ 42.85	\$.49
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	42.85	14.28	.034	42.85	.49
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	5	\$ 1.91	\$.38	.057	\$.64	\$.02
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	5	1.91	.38	.057	.64	.02
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6	20	\$ 6,228.84	\$ 311.44	.227	\$ 1038.14	\$ 70.78

HOSP INPATIENT TOTAL	1	3	5,177.13	1725.71	.034	5177.13	58.83	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	1	3	5,177.13	1725.71	.034	5177.13	58.83	
ACCOMMODATIONS	1	3	2,378.97	792.99	.034	2378.97	27.03	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1	3	2,378.97	792.99	.034	2378.97	27.03	
ANCILLARIES	1	0	2,798.16	.00	.000	2798.16	31.80	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	5	17	1,051.71	61.87	.193	210.34	11.95	
MEDICAL	1	3	187.38	62.46	.034	187.38	2.13	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	4	4	135.62	33.91	.045	33.91	1.54	
CROSSOVERS/ALL OTH OUTPTNT	3	10	728.71	72.87	.114	242.90	8.28	
@COUNTY HOSPITAL TOTAL	1	1	\$ 231.99	\$ 231.99	.011	\$ 231.99	\$ 2.64	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	1	1	231.99	231.99	.011	231.99	2.64	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	1	1	231.99	231.99	.011	231.99	2.64	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,227
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND							AID CODE 2E
88 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	5	19	\$ 5,996.85	\$ 315.62	.216	\$ 1199.37	\$ 68.15	
COMM HOSP INPATIENT TOTAL	1	3	5,177.13	1725.71	.034	5177.13	58.83	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	1	3	5,177.13	1725.71	.034	5177.13	58.83	
ACCOMMODATIONS	1	3	2,378.97	792.99	.034	2378.97	27.03	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1	3	2,378.97	792.99	.034	2378.97	27.03	
ANCILLARIES	1	0	2,798.16	.00	.000	2798.16	31.80	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	4	16	819.72	51.23	.182	204.93	9.32	
MEDICAL	1	3	187.38	62.46	.034	187.38	2.13	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	4	4	135.62	33.91	.045	33.91	1.54	
CROSSOVERS/ALL OTH OUTPTNT	2	9	496.72	55.19	.102	248.36	5.64	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	10	353	\$	43,958.46	\$ 124.53	4.011	\$ 4395.85	\$ 499.53	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	10	353		43,958.46	124.53	4.011	4395.85	499.53	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	3	78	\$	2,176.14	\$ 27.90	.886	\$ 725.38	\$ 24.73	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	3	78		2,176.14	27.90	.886	725.38	24.73	
@REHABILITATION FACILITY	1	5	\$	185.32	\$ 37.06	.057	\$ 185.32	\$ 2.11	
HOSPITAL BASED	1	5		185.32	37.06	.057	185.32	2.11	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	3	21	\$	326.77	\$ 15.56	.239	\$ 108.92	\$ 3.71	
PATHOLOGY	3	21		326.77	15.56	.239	108.92	3.71	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	13	16	\$	3,847.20	\$ 240.45	.182	\$ 295.94	\$ 43.72	
CLINIC	0	0		.00	.00	.000	.00	.00	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	13	16		3,847.20	240.45	.182	295.94	43.72	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,228
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND								AID CODE 2E

88 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	20	10,026	\$ 12,446.95	\$ 1.24	113.932	\$ 622.35	\$ 141.44
DURABLE MED. EQUIP.	4	5	1,355.12	271.02	.057	338.78	15.40
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	366	1,462.16	3.99	4.159	365.54	16.62
AMBULANCES/AIR TRANS	3	6	258.41	43.07	.068	86.14	2.94
OTHER TRANS	1	360	1,203.75	3.34	4.091	1203.75	13.68
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	1	103	3,093.31	30.03	1.170	3093.31	35.15
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	5	75.18	15.04	.057	37.59	.85
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	29	2,361.28	81.42	.330	472.26	26.83
PROSTHETICS	5	29	2,361.28	81.42	.330	472.26	26.83
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	156	1,017.00	6.52	1.773	203.40	11.56
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	9	9,362		3,082.90		.33	106.386		342.54		35.03
@CALIF. CHILDREN SERVICES*	12	1,752	\$	5,312.43	\$	3.03	19.909	\$	442.70	\$	60.37
@XOVER EXCLUDING STATE HOSP**	6	13	\$	297.56	\$	22.89	.148	\$	49.59	\$	3.38

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

CONTRA COSTA COUNT SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

						----- MONTHLY AVERAGE -----		
2,818 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,111	120,873	\$	3,533,685.58	\$ 29.23	42.893	\$ 1135.87	\$ 1253.97
@PHYSICIANS SERVICES	527	3,165	\$	107,936.65	\$ 34.10	1.123	\$ 204.81	\$ 38.30
OUTPATIENT VISITS	266	391		18,676.10	47.76	.139	70.21	6.63
OFFICE VISITS	109	154		5,068.69	32.91	.055	46.50	1.80

HOME VISITS	5	5		269.30	53.86	.002	53.86	.10
EMERGENCY ROOM	124	178		11,269.47	63.31	.063	90.88	4.00
PREVENTIVE CARE	1	1		54.83	54.83	.000	54.83	.02
OB VISITS/COMPRI PERI	1	1		101.05	101.05	.000	101.05	.04
OTHER OUTPATIENT	44	52		1,912.76	36.78	.018	43.47	.68
INPATIENT VISITS	85	722		31,784.71	44.02	.256	373.94	11.28
HOSPITAL VISITS	69	657		27,803.65	42.32	.233	402.95	9.87
CRITICAL CARE	10	22		2,667.56	121.25	.008	266.76	.95
SNF/ICF/TRANS IP CARE	17	43		1,313.50	30.55	.015	77.26	.47
OPHTHALMOLOGICAL SERVICES	11	11		426.15	38.74	.004	38.74	.15
EXAMINATIONS	11	11		426.15	38.74	.004	38.74	.15
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	28	274		15,727.07	57.40	.097	561.68	5.58
PRINCIPAL SURGEON	19	40		10,866.98	271.67	.014	571.95	3.86
ASSISTANT SURGEON	1	1		118.02	118.02	.000	118.02	.04
ANESTHESIOLOGIST	12	233		4,742.07	20.35	.083	395.17	1.68
OUTPATIENT SURGERY	35	84		6,938.34	82.60	.030	198.24	2.46
PRINCIPAL SURGEON	28	33		5,221.26	158.22	.012	186.47	1.85
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	51		1,717.08	33.67	.018	171.71	.61
DIALYSIS	20	106		5,587.26	52.71	.038	279.36	1.98
PATHOLOGY	69	508		3,622.73	7.13	.180	52.50	1.29
RADIOLOGY	106	341		10,857.03	31.84	.121	102.42	3.85
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	200		2,878.81	14.39	.071	359.85	1.02
OTHER SERVICES/ALL X-OVERS	225	528		11,438.45	21.66	.187	50.84	4.06
@PHARMACY	2,367	19,564	\$	951,696.09	48.65	6.943	402.07	337.72
PRESCRIPTION DRUGS	2,327	9,906		812,851.37	82.06	3.515	349.31	288.45
SNF/ICF	422	2,918		189,086.24	64.80	1.035	448.07	67.10
OUTPATIENTS	1,928	6,988		623,765.13	89.26	2.480	323.53	221.35
MEDICAL SUPPLIES	204	9,658		138,844.72	14.38	3.427	680.61	49.27
@DENTIST	188	912	\$	30,380.00	33.31	.324	161.60	10.78
VISITS - DIAGNOSTIC	137	530		6,703.00	12.65	.188	48.93	2.38
ORAL SURGERY	33	85		5,050.00	59.41	.030	153.03	1.79
DRUGS	1	1		25.00	25.00	.000	25.00	.01
ANESTHESIA	3	3		300.00	100.00	.001	100.00	.11
PERIODONTICS	20	20		2,442.00	122.10	.007	122.10	.87
ENDODONTICS	7	11		2,426.00	220.55	.004	346.57	.86
RESTORATIVE DENTISTRY	49	171		9,464.00	55.35	.061	193.14	3.36
PROSTHETICS	1	1		30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	18	76		3,940.00	51.84	.027	218.89	1.40
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	7	14		.00	.00	.005	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,230
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E							

2,818 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
						UNITS/DAYS PER ELIG			
@OPTOMETRIST	40	114	\$	2,336.15	\$ 20.49	.040	\$ 58.40	\$	.83
DIAGNOSTIC AND ANC. PROCED	18	18		829.24	46.07	.006	46.07		.29
EYE APPLIANCES	30	94		1,503.56	16.00	.033	50.12		.53
OTHER OPTOMETRIC SERVICES	1	2		3.35	1.68	.001	3.35		.00
@CHIROPRACTOR	5	7	\$	117.04	\$ 16.72	.002	\$ 23.41	\$	.04
VISITS	5	7		117.04	16.72	.002	23.41		.04
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	72	126	\$	1,222.08	\$ 9.70	.045	\$ 16.97	\$	.43

MEDICINE/INJECTIONS	7	8		277.60	34.70	.003	39.66	.10
SURGERY/ANES.	2	2		26.00	13.00	.001	13.00	.01
RADIO./PATHOLOGY	1	1		17.30	17.30	.000	17.30	.01
OTHER	63	115		901.18	7.84	.041	14.30	.32
@HOME HEALTH AGENCY	5	214	\$	7,183.31	\$ 33.57	.076	\$ 1436.66	\$ 2.55
NURSE ANESTHESIST	2	5	\$	157.49	\$ 31.50	.002	\$ 78.75	\$.06
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	368	2,475	\$	622,928.60	\$ 251.69	.878	\$ 1692.74	\$ 221.05
HOSP INPATIENT TOTAL	67	470		579,132.98	1232.20	.167	8643.78	205.51
HSC HOSPITALS	39	393		490,906.00	1249.12	.139	12587.33	174.20
NON-HSC HOSPITAL TOTAL	13	52		74,904.45	1440.47	.018	5761.88	26.58
ACCOMMODATIONS	13	52		20,900.62	401.94	.018	1607.74	7.42
ADMINISTRATIVE DAYS	2	4		925.20	231.30	.001	462.60	.33
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	48		19,975.42	416.15	.017	1815.95	7.09
ANCILLARIES	13	0		54,003.83	.00	.000	4154.14	19.16
INPATIENT CROSSOVERS	16	25		13,322.53	532.90	.009	832.66	4.73
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	318	2,005		43,795.62	21.84	.711	137.72	15.54
MEDICAL	58	85		4,005.87	47.13	.030	69.07	1.42
SURGERY	29	37		1,389.44	37.55	.013	47.91	.49
PATHOLOGY	89	667		7,833.91	11.74	.237	88.02	2.78
RADIOLOGY	52	75		4,756.40	63.42	.027	91.47	1.69
ROOM USE	162	282		10,880.93	38.58	.100	67.17	3.86
CROSSOVERS/ALL OTH OUTPTNT	201	859		14,929.07	17.38	.305	74.27	5.30
@COUNTY HOSPITAL TOTAL	44	261	\$	135,770.90	\$ 520.20	.093	\$ 3085.70	\$ 48.18
CO HOSPITAL INPATIENT TOTAL	22	112		130,720.00	1167.14	.040	5941.82	46.39
HSC HOSPITALS	16	110		125,680.00	1142.55	.039	7855.00	44.60
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	6	2		5,040.00	2520.00	.001	840.00	1.79
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	23	149		5,050.90	33.90	.053	219.60	1.79
MEDICAL	5	6		145.47	24.25	.002	29.09	.05
SURGERY	10	17		275.78	16.22	.006	27.58	.10
PATHOLOGY	9	46		671.68	14.60	.016	74.63	.24
RADIOLOGY	2	3		373.92	124.64	.001	186.96	.13
ROOM USE	13	32		1,340.26	41.88	.011	103.10	.48
CROSSOVERS/ALL OTH OUTPTNT	16	45		2,243.79	49.86	.016	140.24	.80

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CONTRA COSTA COUNT SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

					----- MONTHLY AVERAGE -----			
2,818 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	329	2,214	\$ 487,157.70	\$ 220.04	.786	\$ 1480.72	\$ 172.87	
COMM HOSP INPATIENT TOTAL	45	358	448,412.98	1252.55	.127	9964.73	159.12	
HSC HOSPITALS	23	283	365,226.00	1290.55	.100	15879.39	129.60	
NON-HSC HOSPITALS TOTAL	13	52	74,904.45	1440.47	.018	5761.88	26.58	
ACCOMMODATIONS	13	52	20,900.62	401.94	.018	1607.74	7.42	
ADMINISTRATIVE DAYS	2	4	925.20	231.30	.001	462.60	.33	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	11	48	19,975.42	416.15	.017	1815.95	7.09	
ANCILLARIES	13	0	54,003.83	.00	.000	4154.14	19.16	

INPATIENT CROSSOVERS	10	23		8,282.53	360.11	.008	828.25	2.94
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	297	1,856		38,744.72	20.88	.659	130.45	13.75
MEDICAL	53	79		3,860.40	48.87	.028	72.84	1.37
SURGERY	19	20		1,113.66	55.68	.007	58.61	.40
PATHOLOGY	81	621		7,162.23	11.53	.220	88.42	2.54
RADIOLOGY	50	72		4,382.48	60.87	.026	87.65	1.56
ROOM USE	149	250		9,540.67	38.16	.089	64.03	3.39
CROSSOVERS/ALL OTH OUTPTNT	186	814		12,685.28	15.58	.289	68.20	4.50
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	310	8,244	\$	1,269,280.52	\$ 153.96	2.925	\$ 4094.45	\$ 450.42
LEV A-INTERMEDIATE	4	214		18,708.92	87.42	.076	4677.23	6.64
LEV B-REHAB MD	13	490		64,931.32	132.51	.174	4994.72	23.04
LEV B-SUBACUTE FREESTANDING	1	2		723.76	361.88	.001	723.76	.26
LEV B-SUBACUTE HSPTL BASED	16	490		224,567.37	458.30	.174	14035.46	79.69
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	276	7,048		960,349.15	136.26	2.501	3479.53	340.79
@INTERMEDIATE CARE FACIL.-DD	41	1,061	\$	167,977.27	\$ 158.32	.377	\$ 4097.01	\$ 59.61
ICF DDH	25	731		108,274.57	148.12	.259	4330.98	38.42
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	16	330		59,702.70	180.92	.117	3731.42	21.19
@HEMODIALYSIS TOTAL	31	1,251	\$	32,073.29	\$ 25.64	.444	\$ 1034.62	\$ 11.38
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	31	1,251		32,073.29	25.64	.444	1034.62	11.38
@REHABILITATION FACILITY	4	98	\$	1,451.49	\$ 14.81	.035	\$ 362.87	\$.52
HOSPITAL BASED	2	2		148.08	74.04	.001	74.04	.05
INDEPENDENT FACILITY	2	96		1,303.41	13.58	.034	651.71	.46
@LABORATORY FACILITY	61	317	\$	4,611.60	\$ 14.55	.112	\$ 75.60	\$ 1.64
PATHOLOGY	61	316		4,585.62	14.51	.112	75.17	1.63
XO AND OTHERS	1	1		25.98	25.98	.000	25.98	.01
@ORGANIZED OUTPATIENT CLINIC	540	843	\$	210,383.53	\$ 249.57	.299	\$ 389.60	\$ 74.66
CLINIC	14	46		1,654.71	35.97	.016	118.19	.59
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	529	797		208,728.82	261.89	.283	394.57	74.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,232
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E							

2,818 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	471	82,477	\$ 123,950.47	\$ 1.50	29.268	\$ 263.16	\$ 43.99
DURABLE MED. EQUIP.	52	379	27,318.30	72.08	.134	525.35	9.69
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.000	25.00	.01
MEDICAL TRANSPORTATION	138	4,896	31,535.54	6.44	1.737	228.52	11.19
AMBULANCES/AIR TRANS	87	924	15,701.66	16.99	.328	180.48	5.57
OTHER TRANS	50	3,960	15,770.97	3.98	1.405	315.42	5.60
OTHER SERVICES	3	12	62.91	5.24	.004	20.97	.02
ACUPUNCTURE	2	5	81.10	16.22	.002	40.55	.03
ADULT DAY HEALTH CARE CTR	8	93	6,426.50	69.10	.033	803.31	2.28
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	66	168	1,991.55	11.85	.060	30.18	.71
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	7	12	111.11	9.26	.004	15.87	.04
PROSTHETIST/ORTHOTISTS	5	11	512.43	46.58	.004	102.49	.18

PROSTHETICS	5	11		512.43		46.58	.004	102.49	.18
ORTHOTICS	0	0		.00		.00	.000	.00	.00
PSYCHOLOGIST	5	12		206.99		17.25	.004	41.40	.07
SPEECH AND AUDIOLOGY	19	36		1,536.48		42.68	.013	80.87	.55
HOSPICE SERVICES	7	245		33,297.97		135.91	.087	4756.85	11.82
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	65	710		8,114.32		11.43	.252	124.84	2.88
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	129	75,909		12,793.18		.17	26.937	99.17	4.54
@CALIF. CHILDREN SERVICES*	102	899	\$	236,324.20	\$	262.87	.319	\$ 2316.90	\$ 83.86
@XOVER EXCLUDING STATE HOSP**	354	6,346	\$	59,575.74	\$	9.39	2.252	\$ 168.29	\$ 21.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,233
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
CONTRA COSTA COUNT SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
3,716 ELIGIBLES							
@TOTAL, ALL PROVIDERS	4,068	184,285	\$ 4,854,984.76	\$ 26.34	49.592	\$ 1193.46	\$ 1306.51
@PHYSICIANS SERVICES	587	3,493	\$ 112,495.37	\$ 32.21	.940	\$ 191.64	\$ 30.27
OUTPATIENT VISITS	270	396	19,045.51	48.09	.107	70.54	5.13
OFFICE VISITS	110	156	5,152.19	33.03	.042	46.84	1.39
HOME VISITS	5	5	269.30	53.86	.001	53.86	.07
EMERGENCY ROOM	126	180	11,485.63	63.81	.048	91.16	3.09
PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83	.01
OB VISITS/COMPRE PERI	1	1	101.05	101.05	.000	101.05	.03
OTHER OUTPATIENT	45	53	1,982.51	37.41	.014	44.06	.53
INPATIENT VISITS	87	735	32,330.62	43.99	.198	371.62	8.70
HOSPITAL VISITS	71	668	28,282.06	42.34	.180	398.34	7.61
CRITICAL CARE	10	22	2,667.56	121.25	.006	266.76	.72
SNF/ICF/TRANS IP CARE	19	45	1,381.00	30.69	.012	72.68	.37
OPHTHALMOLOGICAL SERVICES	14	19	762.05	40.11	.005	54.43	.21
EXAMINATIONS	14	19	762.05	40.11	.005	54.43	.21
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	28	274	15,727.07	57.40	.074	561.68	4.23
PRINCIPAL SURGEON	19	40	10,866.98	271.67	.011	571.95	2.92
ASSISTANT SURGEON	1	1	118.02	118.02	.000	118.02	.03
ANESTHESIOLOGIST	12	233	4,742.07	20.35	.063	395.17	1.28
OUTPATIENT SURGERY	35	84	6,938.34	82.60	.023	198.24	1.87
PRINCIPAL SURGEON	28	33	5,221.26	158.22	.009	186.47	1.41
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	51	1,717.08	33.67	.014	171.71	.46
DIALYSIS	24	118	6,620.38	56.10	.032	275.85	1.78
PATHOLOGY	71	561	3,727.40	6.64	.151	52.50	1.00
RADIOLOGY	108	344	10,897.44	31.68	.093	100.90	2.93
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	200	2,878.81	14.39	.054	359.85	.77
OTHER SERVICES/ALL X-OVERS	276	762	13,567.75	17.81	.205	49.16	3.65
@PHARMACY	3,190	34,879	\$ 1,160,992.47	\$ 33.29	9.386	\$ 363.95	\$ 312.43
PRESCRIPTION DRUGS	3,140	13,027	1,016,906.09	78.06	3.506	323.86	273.66
SNF/ICF	675	4,356	268,059.20	61.54	1.172	397.12	72.14
OUTPATIENTS	2,493	8,671	748,846.89	86.36	2.333	300.38	201.52
MEDICAL SUPPLIES	261	21,852	144,086.38	6.59	5.881	552.06	38.77
@DENTIST	218	1,026	\$ 35,038.00	\$ 34.15	.276	\$ 160.72	\$ 9.43
VISITS - DIAGNOSTIC	161	604	7,751.00	12.83	.163	48.14	2.09
ORAL SURGERY	37	90	5,405.00	60.06	.024	146.08	1.45

DRUGS	2	2	25.00	12.50	.001	12.50	.01
ANESTHESIA	3	3	300.00	100.00	.001	100.00	.08
PERIODONTICS	21	21	2,560.00	121.90	.006	121.90	.69
ENDODONTICS	7	11	2,426.00	220.55	.003	346.57	.65
RESTORATIVE DENTISTRY	56	192	10,596.00	55.19	.052	189.21	2.85
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	23	86	5,945.00	69.13	.023	258.48	1.60
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	8	16	.00	.00	.004	.00	.00

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----

3,716 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	50	146	\$ 2,852.56	\$ 19.54	.039	\$ 57.05	\$.77
DIAGNOSTIC AND ANC. PROCED	19	19	876.69	46.14	.005	46.14	.24
EYE APPLIANCES	38	123	1,967.46	16.00	.033	51.78	.53
OTHER OPTOMETRIC SERVICES	2	4	8.41	2.10	.001	4.21	.00
@CHIROPRACTOR	5	7	\$ 117.04	\$ 16.72	.002	\$ 23.41	\$.03
VISITS	5	7	117.04	16.72	.002	23.41	.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	119	192	\$ 1,404.54	\$ 7.32	.052	\$ 11.80	\$.38
MEDICINE/INJECTIONS	7	8	277.60	34.70	.002	39.66	.07
SURGERY/ANES.	2	2	26.00	13.00	.001	13.00	.01
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00
OTHER	110	181	1,083.64	5.99	.049	9.85	.29
@HOME HEALTH AGENCY	5	214	\$ 7,183.31	\$ 33.57	.058	\$ 1436.66	\$ 1.93
NURSE ANESTHESIST	2	5	\$ 157.49	\$ 31.50	.001	\$ 78.75	\$.04
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	406	2,744	\$ 655,053.02	\$ 238.72	.738	\$ 1613.43	\$ 176.28
HOSP INPATIENT TOTAL	81	556	607,997.52	1093.52	.150	7506.14	163.62
HSC HOSPITALS	41	406	505,757.45	1245.71	.109	12335.55	136.10
NON-HSC HOSPITAL TOTAL	14	55	80,081.58	1456.03	.015	5720.11	21.55
ACCOMMODATIONS	14	55	23,279.59	423.27	.015	1662.83	6.26
ADMINISTRATIVE DAYS	2	4	925.20	231.30	.001	462.60	.25
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	51	22,354.39	438.32	.014	1862.87	6.02
ANCILLARIES	14	0	56,801.99	.00	.000	4057.29	15.29
INPATIENT CROSSOVERS	27	95	22,158.49	233.25	.026	820.68	5.96
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	345	2,188	47,055.50	21.51	.589	136.39	12.66
MEDICAL	59	88	4,193.25	47.65	.024	71.07	1.13
SURGERY	29	37	1,389.44	37.55	.010	47.91	.37
PATHOLOGY	89	667	7,833.91	11.74	.179	88.02	2.11
RADIOLOGY	52	75	4,756.40	63.42	.020	91.47	1.28
ROOM USE	166	286	11,016.55	38.52	.077	66.36	2.96
CROSSOVERS/ALL OTH OUTPTNT	226	1,035	17,865.95	17.26	.279	79.05	4.81
@COUNTY HOSPITAL TOTAL	46	268	\$ 136,842.89	\$ 510.61	.072	\$ 2974.85	\$ 36.83
CO HOSPITAL INPATIENT TOTAL	23	118	131,560.00	1114.92	.032	5720.00	35.40
HSC HOSPITALS	16	110	125,680.00	1142.55	.030	7855.00	33.82
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	7	8	5,880.00	735.00	.002	840.00	1.58
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	24	150	5,282.89	35.22	.040	220.12	1.42
MEDICAL	5	6	145.47	24.25	.002	29.09	.04
SURGERY	10	17	275.78	16.22	.005	27.58	.07
PATHOLOGY	9	46	671.68	14.60	.012	74.63	.18
RADIOLOGY	2	3	373.92	124.64	.001	186.96	.10
ROOM USE	13	32	1,340.26	41.88	.009	103.10	.36
CROSSOVERS/ALL OTH OUTPTNT	17	46	2,475.78	53.82	.012	145.63	.67

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	365	2,476	\$	518,210.13	\$ 209.29	.666	\$ 1419.75	\$ 139.45
COMM HOSP INPATIENT TOTAL	58	438		476,437.52	1087.76	.118	8214.44	128.21
HSC HOSPITALS	25	296		380,077.45	1284.05	.080	15203.10	102.28
NON-HSC HOSPITALS TOTAL	14	55		80,081.58	1456.03	.015	5720.11	21.55
ACCOMMODATIONS	14	55		23,279.59	423.27	.015	1662.83	6.26
ADMINISTRATIVE DAYS	2	4		925.20	231.30	.001	462.60	.25
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	51		22,354.39	438.32	.014	1862.87	6.02
ANCILLARIES	14	0		56,801.99	.00	.000	4057.29	15.29
INPATIENT CROSSOVERS	20	87		16,278.49	187.11	.023	813.92	4.38
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	323	2,038		41,772.61	20.50	.548	129.33	11.24
MEDICAL	54	82		4,047.78	49.36	.022	74.96	1.09
SURGERY	19	20		1,113.66	55.68	.005	58.61	.30
PATHOLOGY	81	621		7,162.23	11.53	.167	88.42	1.93
RADIOLOGY	50	72		4,382.48	60.87	.019	87.65	1.18
ROOM USE	153	254		9,676.29	38.10	.068	63.24	2.60
CROSSOVERS/ALL OTH OUTPTNT	210	989		15,390.17	15.56	.266	73.29	4.14
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	591	15,436	\$	2,246,619.85	\$ 145.54	4.154	\$ 3801.39	\$ 604.58
LEV A-INTERMEDIATE	4	214		18,708.92	87.42	.058	4677.23	5.03
LEV B-REHAB MD	13	490		64,931.32	132.51	.132	4994.72	17.47
LEV B-SUBACUTE FREESTANDING	1	2		723.76	361.88	.001	723.76	.19
LEV B-SUBACUTE HSPTL BASED	16	490		224,567.37	458.30	.132	14035.46	60.43
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	557	14,240		1,937,688.48	136.07	3.832	3478.79	521.44
@INTERMEDIATE CARE FACIL.-DD	41	1,061	\$	167,977.27	\$ 158.32	.286	\$ 4097.01	\$ 45.20
ICF DDH	25	731		108,274.57	148.12	.197	4330.98	29.14
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	16	330		59,702.70	180.92	.089	3731.42	16.07
@HEMODIALYSIS TOTAL	49	1,345	\$	42,468.07	\$ 31.57	.362	\$ 866.70	\$ 11.43
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	49	1,345		42,468.07	31.57	.362	866.70	11.43
@REHABILITATION FACILITY	5	103	\$	1,636.81	\$ 15.89	.028	\$ 327.36	\$.44
HOSPITAL BASED	3	7		333.40	47.63	.002	111.13	.09
INDEPENDENT FACILITY	2	96		1,303.41	13.58	.026	651.71	.35
@LABORATORY FACILITY	64	338	\$	4,938.37	\$ 14.61	.091	\$ 77.16	\$ 1.33
PATHOLOGY	64	337		4,912.39	14.58	.091	76.76	1.32
XO AND OTHERS	1	1		25.98	25.98	.000	25.98	.01
@ORGANIZED OUTPATIENT CLINIC	588	900	\$	220,316.79	\$ 244.80	.242	\$ 374.69	\$ 59.29
CLINIC	16	49		1,715.67	35.01	.013	107.23	.46
SURGICENTER	1	2		140.80	70.40	.001	140.80	.04
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	574	849		218,460.32	257.31	.228	380.59	58.79
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,236
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
CONTRA COSTA COUNT	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL							

	3,716 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	616		122,396	\$ 195,733.80	\$ 1.60	32.938	\$ 317.75	\$ 52.67
DURABLE MED. EQUIP.	65		479	35,559.21	74.24	.129	547.06	9.57
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3		3	739.37	246.46	.001	246.46	.20
MEDICAL TRANSPORTATION	181		8,455	45,808.09	5.42	2.275	253.08	12.33
AMBULANCES/AIR TRANS	92		936	16,205.96	17.31	.252	176.15	4.36
OTHER TRANS	86		7,489	29,464.06	3.93	2.015	342.61	7.93

OTHER SERVICES	6	30		138.07	4.60	.008	23.01	.04
ACUPUNCTURE	2	5		81.10	16.22	.001	40.55	.02
ADULT DAY HEALTH CARE CTR	16	230		15,901.39	69.14	.062	993.84	4.28
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	1	103		3,093.31	30.03	.028	3093.31	.83
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	83	205		2,456.76	11.98	.055	29.60	.66
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	13	23		119.40	5.19	.006	9.18	.03
PROSTHETIST/ORTHOTISTS	11	41		2,880.39	70.25	.011	261.85	.78
PROSTHETICS	11	41		2,880.39	70.25	.011	261.85	.78
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	5	12		206.99	17.25	.003	41.40	.06
SPEECH AND AUDIOLOGY	23	44		2,362.56	53.69	.012	102.72	.64
HOSPICE SERVICES	13	429		56,454.53	131.60	.115	4342.66	15.19
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	70	866		9,131.32	10.54	.233	130.45	2.46
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	182	111,501		20,939.38	.19	30.006	115.05	5.63
@CALIF. CHILDREN SERVICES*	114	2,651	\$	241,636.63	\$ 91.15	.713	\$ 2119.62	\$ 65.03
@XOVER EXCLUDING STATE HOSP**	522	16,268	\$	101,726.86	\$ 6.25	4.378	\$ 194.88	\$ 27.38

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,237
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 CONTRA COSTA COUNT SUMMARY OF SERVICES FOR TOTAL CERTIFIED

569,438 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	417,001	13,923,691	\$ 300,390,475.47	\$ 21.57	24.452	\$ 720.36	\$ 527.52
@PHYSICIANS SERVICES	74,319	320,835	\$ 11,524,115.59	\$ 35.92	.563	\$ 155.06	\$ 20.24
OUTPATIENT VISITS	35,101	63,569	2,314,870.45	36.42	.112	65.95	4.07
OFFICE VISITS	17,405	22,836	778,027.81	34.07	.040	44.70	1.37
HOME VISITS	652	793	33,734.22	42.54	.001	51.74	.06
EMERGENCY ROOM	14,604	17,913	1,034,458.31	57.75	.031	70.83	1.82
PREVENTIVE CARE	106	109	4,587.04	42.08	.000	43.27	.01
OB VISITS/COMPRE PERI	2,097	18,801	359,388.39	19.12	.033	171.38	.63
OTHER OUTPATIENT	2,490	3,117	104,674.68	33.58	.005	42.04	.18
INPATIENT VISITS	9,064	47,309	2,747,622.58	58.08	.083	303.14	4.83
HOSPITAL VISITS	7,977	38,731	1,659,027.85	42.83	.068	207.98	2.91
CRITICAL CARE	927	6,648	1,025,578.12	154.27	.012	1106.34	1.80
SNF/ICF/TRANS IP CARE	803	1,930	63,016.61	32.65	.003	78.48	.11
OPHTHALMOLOGICAL SERVICES	1,037	1,330	56,620.67	42.57	.002	54.60	.10
EXAMINATIONS	1,028	1,321	56,451.99	42.73	.002	54.91	.10
SERVICES AND MATERIALS	9	9	168.68	18.74	.000	18.74	.00
INPATIENT HOSPITAL SURGERY	5,926	31,399	2,749,936.71	87.58	.055	464.05	4.83
PRINCIPAL SURGEON	4,512	6,795	2,133,965.60	314.05	.012	472.95	3.75
ASSISTANT SURGEON	633	650	119,982.42	184.59	.001	189.55	.21
ANESTHESIOLOGIST	2,214	23,954	495,988.69	20.71	.042	224.02	.87
OUTPATIENT SURGERY	4,161	8,845	692,415.41	78.28	.016	166.41	1.22
PRINCIPAL SURGEON	3,666	4,785	572,947.84	119.74	.008	156.29	1.01
ASSISTANT SURGEON	12	12	1,598.88	133.24	.000	133.24	.00
ANESTHESIOLOGIST	870	4,048	117,868.69	29.12	.007	135.48	.21
DIALYSIS	768	2,669	205,409.70	76.96	.005	267.46	.36
PATHOLOGY	8,710	45,766	263,497.92	5.76	.080	30.25	.46
RADIOLOGY	12,344	24,060	924,793.29	38.44	.042	74.92	1.62
PSYCHIATRY	19	29	881.30	30.39	.000	46.38	.00

IMMUNIZATION AND INJECTION	1,252	4,394		143,983.44		32.77	.008	115.00	.25
OTHER SERVICES/ALL X-OVERS	29,535	91,465		1,424,084.12		15.57	.161	48.22	2.50
@PHARMACY	208,022	2,701,311	\$	63,149,796.17	\$	23.38	4.744	\$ 303.57	\$ 110.90
PRESCRIPTION DRUGS	204,720	788,023		60,245,211.84		76.45	1.384	294.28	105.80
SNF/ICF	19,863	124,500		7,350,549.60		59.04	.219	370.06	12.91
OUTPATIENTS	185,808	663,523		52,894,662.24		79.72	1.165	284.67	92.89
MEDICAL SUPPLIES	18,839	1,913,288		2,904,584.33		1.52	3.360	154.18	5.10
@DENTIST	54,649	286,316	\$	9,632,380.99	\$	33.64	.503	\$ 176.26	\$ 16.92
VISITS - DIAGNOSTIC	38,862	185,373		2,426,361.37		13.09	.326	62.44	4.26
ORAL SURGERY	7,908	18,889		1,067,089.33		56.49	.033	134.94	1.87
DRUGS	1,674	1,929		42,188.75		21.87	.003	25.20	.07
ANESTHESIA	298	301		28,700.00		95.35	.001	96.31	.05
PERIODONTICS	2,968	3,056		422,250.00		138.17	.005	142.27	.74
ENDODONTICS	3,869	6,696		910,450.65		135.97	.012	235.32	1.60
RESTORATIVE DENTISTRY	18,376	55,500		3,387,894.45		61.04	.097	184.37	5.95
PROSTHETICS	250	266		7,185.00		27.01	.000	28.74	.01
DENTURES, STAYPLATES	3,595	10,255		1,167,825.77		113.88	.018	324.85	2.05
SPACE MAINTAINERS	253	308		30,554.00		99.20	.001	120.77	.05
MAXILLOFACIAL SERVICES	77	79		5,831.42		73.82	.000	75.73	.01
FRACTURES, DISLOCATIONS	4	4		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	1,505	1,860		134,591.25		72.36	.003	89.43	.24
ALL OTHER SERVICES	1,326	1,800		1,459.00		.81	.003	1.10	.00
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569,438 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE	
@OPTOMETRIST	5,398	15,495	\$ 322,109.01	\$ 20.79	.027	\$ 59.67	\$.57
DIAGNOSTIC AND ANC. PROCED	2,168	2,202	99,942.29	45.39	.004	46.10	.18
EYE APPLIANCES	4,079	12,444	203,809.73	16.38	.022	49.97	.36
OTHER OPTOMETRIC SERVICES	524	849	18,356.99	21.62	.001	35.03	.03
@CHIROPRACTOR	202	386	\$ 6,038.42	\$ 15.64	.001	\$ 29.89	\$.01
VISITS	185	343	5,720.08	16.68	.001	30.92	.01
OTHER SERVICES	17	43	318.34	7.40	.000	18.73	.00
@PODIATRIST	5,361	8,068	\$ 91,724.34	\$ 11.37	.014	\$ 17.11	\$.16
MEDICINE/INJECTIONS	991	1,187	30,891.21	26.02	.002	31.17	.05
SURGERY/ANES.	304	341	6,544.06	19.19	.001	21.53	.01
RADIO./PATHOLOGY	64	93	1,651.28	17.76	.000	25.80	.00
OTHER	4,225	6,447	52,637.79	8.16	.011	12.46	.09
@HOME HEALTH AGENCY	929	61,244	\$ 1,948,402.40	\$ 31.81	.108	\$ 2097.31	\$ 3.42
NURSE ANESTHESIST	389	1,337	\$ 42,671.08	\$ 31.92	.002	\$ 109.69	\$.07
NURSE MIDWIFE	26	72	\$ 10,029.40	\$ 139.30	.000	\$ 385.75	\$.02
PEDIATRIC NURSE PRACTITIONER	2	2	\$ 34.60	\$ 17.30	.000	\$ 17.30	\$.00
FAMILY NURSE PRACTITIONER	44	86	\$ 1,556.86	\$ 18.10	.000	\$ 35.38	\$.00
@TOTAL HOSPITAL	42,884	243,477	\$ 68,241,343.36	\$ 280.28	.428	\$ 1591.30	\$ 119.84
HOSP INPATIENT TOTAL	9,636	57,196	63,589,712.53	1111.79	.100	6599.18	111.67
HSC HOSPITALS	6,138	32,836	42,321,200.24	1288.87	.058	6894.95	74.32
NON-HSC HOSPITAL TOTAL	1,909	12,570	19,432,456.18	1545.94	.022	10179.39	34.13
ACCOMMODATIONS	1,906	12,570	6,486,903.15	516.06	.022	3403.41	11.39
ADMINISTRATIVE DAYS	338	3,600	783,705.94	217.70	.006	2318.66	1.38
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,606	8,970	5,703,197.21	635.81	.016	3551.18	10.02
ANCILLARIES	1,898	0	12,945,553.03	.00	.000	6820.63	22.73
INPATIENT CROSSOVERS	1,781	11,790	1,836,056.11	155.73	.021	1030.91	3.22
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	35,072	186,281	4,651,630.83	24.97	.327	132.63	8.17
MEDICAL	6,172	9,513	398,750.30	41.92	.017	64.61	.70
SURGERY	2,071	2,517	103,585.73	41.15	.004	50.02	.18
PATHOLOGY	10,426	57,728	590,607.37	10.23	.101	56.65	1.04

RADIOLOGY	7,456	12,048		841,384.66	69.84	.021	112.85	1.48
ROOM USE	18,199	24,859		915,352.69	36.82	.044	50.30	1.61
CROSSOVERS/ALL OTH OUTPTNT	19,539	79,616		1,801,950.08	22.63	.140	92.22	3.16
@COUNTY HOSPITAL TOTAL	4,251	20,831	\$	14,098,832.73	\$ 676.82	.037	\$ 3316.59	\$ 24.76
CO HOSPITAL INPATIENT TOTAL	3,089	14,586		13,906,849.08	953.44	.026	4502.06	24.42
HSC HOSPITALS	2,847	11,852		13,283,515.62	1120.78	.021	4665.79	23.33
NON-HSC HOSPITALS TOTAL	49	831		411,245.54	494.88	.001	8392.77	.72
ACCOMMODATIONS	49	831		190,672.05	229.45	.001	3891.27	.33
ADMINISTRATIVE DAYS	47	820		186,432.44	227.36	.001	3966.65	.33
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	11		4,239.61	385.42	.000	2119.81	.01
ANCILLARIES	49	0		220,573.49	.00	.000	4501.50	.39
INPATIENT CROSSOVERS	217	1,903		212,087.92	111.45	.003	977.36	.37
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1,199	6,245		191,983.65	30.74	.011	160.12	.34
MEDICAL	326	463		17,718.77	38.27	.001	54.35	.03

SURGERY	221	307	10,554.11	34.38	.001	47.76	.02
PATHOLOGY	445	2,159	31,113.54	14.41	.004	69.92	.05
RADIOLOGY	186	304	30,047.04	98.84	.001	161.54	.05
ROOM USE	725	1,128	48,071.88	42.62	.002	66.31	.08
CROSSOVERS/ALL OTH OUTPTNT	548	1,884	54,478.31	28.92	.003	99.41	.10

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569,438 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	39,064	222,646	\$ 54,142,510.63	\$ 243.18	.391	\$ 1386.00	\$ 95.08
COMM HOSP INPATIENT TOTAL	6,646	42,610	49,682,863.45	1165.99	.075	7475.60	87.25
HSC HOSPITALS	3,350	20,984	29,037,684.62	1383.80	.037	8667.97	50.99
NON-HSC HOSPITALS TOTAL	1,864	11,739	19,021,210.64	1620.34	.021	10204.51	33.40
ACCOMMODATIONS	1,861	11,739	6,296,231.10	536.35	.021	3383.25	11.06
ADMINISTRATIVE DAYS	293	2,780	597,273.50	214.85	.005	2038.48	1.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,604	8,959	5,698,957.60	636.12	.016	3552.97	10.01
ANCILLARIES	1,853	0	12,724,979.54	.00	.000	6867.23	22.35
INPATIENT CROSSOVERS	1,566	9,887	1,623,968.19	164.25	.017	1037.02	2.85
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	34,040	180,036	4,459,647.18	24.77	.316	131.01	7.83
MEDICAL	5,870	9,050	381,031.53	42.10	.016	64.91	.67
SURGERY	1,854	2,210	93,031.62	42.10	.004	50.18	.16
PATHOLOGY	10,011	55,569	559,493.83	10.07	.098	55.89	.98
RADIOLOGY	7,282	11,744	811,337.62	69.09	.021	111.42	1.42
ROOM USE	17,562	23,731	867,280.81	36.55	.042	49.38	1.52
CROSSOVERS/ALL OTH OUTPTNT	19,027	77,732	1,747,471.77	22.48	.137	91.84	3.07
@STATE HOSPITAL	12	435	\$ 250,846.82	\$ 576.66	.001	\$ 20903.90	\$.44
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	435	250,846.82	576.66	.001	20903.90	.44
@NURSING FACILITY	20,118	595,914	\$ 71,376,117.31	\$ 119.78	1.046	\$ 3547.87	\$ 125.34
LEV A-INTERMEDIATE	42	1,698	120,978.05	71.25	.003	2880.43	.21
LEV B-REHAB MD	304	9,541	1,130,149.84	118.45	.017	3717.60	1.98
LEV B-SUBACUTE FREESTANDING	47	1,449	729,556.09	503.49	.003	15522.47	1.28
LEV B-SUBACUTE HSPTL BASED	180	6,229	2,836,809.67	455.42	.011	15760.05	4.98
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	19,564	576,997	66,558,623.66	115.35	1.013	3402.10	116.88
@INTERMEDIATE CARE FACIL.-DD	1,382	43,422	\$ 6,725,405.51	\$ 154.88	.076	\$ 4866.43	\$ 11.81
ICF DDH	929	29,600	4,197,391.19	141.80	.052	4518.18	7.37
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	453	13,822	2,528,014.32	182.90	.024	5580.61	4.44
@HEMODIALYSIS TOTAL	3,052	52,675	\$ 3,086,949.61	\$ 58.60	.093	\$ 1011.45	\$ 5.42
HOSPITAL BASED	14	179	70,244.88	392.43	.000	5017.49	.12
HEMODIALYSIS CENTER	3,038	52,496	3,016,704.73	57.47	.092	992.99	5.30
@REHABILITATION FACILITY	693	9,773	\$ 136,576.81	\$ 13.97	.017	\$ 197.08	\$.24
HOSPITAL BASED	298	948	32,472.62	34.25	.002	108.97	.06
INDEPENDENT FACILITY	395	8,825	104,104.19	11.80	.015	263.55	.18
@LABORATORY FACILITY	11,149	44,791	\$ 628,454.39	\$ 14.03	.079	\$ 56.37	\$ 1.10
PATHOLOGY	10,981	44,495	624,805.51	14.04	.078	56.90	1.10
XO AND OTHERS	179	296	3,648.88	12.33	.001	20.38	.01
@ORGANIZED OUTPATIENT CLINIC	140,233	250,018	\$ 50,174,355.97	\$ 200.68	.439	\$ 357.79	\$ 88.11
CLINIC	8,630	43,303	1,350,647.99	31.19	.076	156.51	2.37
SURGICENTER	174	405	34,382.40	84.89	.001	197.60	.06
HEROIN DETOX CLINIC	82	953	10,845.76	11.38	.002	132.27	.02
RURAL HEALTH CLINIC	132,125	205,357	48,778,479.82	237.53	.361	369.18	85.66

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569,438 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	60,474	9,288,034	\$ 13,041,566.83	\$ 1.40	16.311	\$ 215.66	\$ 22.90
DURABLE MED. EQUIP.	3,522	20,145	2,111,497.11	104.81	.035	599.52	3.71
BLOOD BANK	6	1,848	5,544.00	3.00	.003	924.00	.01
HEARING AID DISPENSERS	291	398	153,618.93	385.98	.001	527.90	.27
MEDICAL TRANSPORTATION	9,299	286,968	1,968,346.75	6.86	.504	211.67	3.46
AMBULANCES/AIR TRANS	6,545	63,807	946,195.92	14.83	.112	144.57	1.66
OTHER TRANS	2,767	221,438	904,501.75	4.08	.389	326.89	1.59
OTHER SERVICES	310	1,723	117,649.08	68.28	.003	379.51	.21
ACUPUNCTURE	1,052	3,896	68,764.39	17.65	.007	65.37	.12
ADULT DAY HEALTH CARE CTR	1,978	25,185	1,747,961.91	69.40	.044	883.70	3.07
GENETIC DISEASE TESTING	2,107	2,111	217,109.75	102.85	.004	103.04	.38
IHMC,MODEL-NF,NF,AIDS,MSSP	1,364	28,243	1,327,186.38	46.99	.050	973.01	2.33
OCCUPATIONAL THERAPIST	2	2	36.08	18.04	.000	18.04	.00
OPTICIAN	10,819	25,120	285,375.80	11.36	.044	26.38	.50
PHYSICAL THERAPIST	9	25	216.68	8.67	.000	24.08	.00
PORTABLE X-RAY	394	716	4,843.53	6.76	.001	12.29	.01
PROSTHETIST/ORTHOTISTS	1,033	3,256	313,659.32	96.33	.006	303.64	.55
PROSTHETICS	910	3,109	302,514.83	97.30	.005	332.43	.53
ORTHOTICS	126	147	11,144.49	75.81	.000	88.45	.02
PSYCHOLOGIST	292	791	18,679.16	23.61	.001	63.97	.03
SPEECH AND AUDIOLOGY	1,844	5,295	364,565.88	68.85	.009	197.70	.64
HOSPICE SERVICES	453	10,863	1,396,022.28	128.51	.019	3081.73	2.45
NONINST BIRTHING CENTERS	0	0	39.32	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	15,584	149,374	1,368,238.35	9.16	.262	87.80	2.40
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	14,480	8,723,798	1,689,861.21	.19	15.320	116.70	2.97
@CALIF. CHILDREN SERVICES*	7,536	176,622	\$ 19,254,990.58	\$ 109.02	.310	\$ 2555.07	\$ 33.81
@XOVER EXCLUDING STATE HOSP**	41,526	570,189	\$ 7,799,890.14	\$ 13.68	1.001	\$ 187.83	\$ 13.70

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.